ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	April 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
C Eldolitu		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers' Compensation	\$38 million	- 1.8%
Line of Insurance	φοσ ππιστ	
Does filing only apply to certain territory (te	rritoriae) or cortain classes? If so specify:	No
Does ming only apply to certain territory (te	intones) or certain classes: if so, specify.	
Brief description of filing. (If filing follows ra	tes of an advisory organization, specify or	ganization): Adopting NCCI's
advisory rates, loss costs and rating values	s pursuant to NCCI Approval Circular IL-20	004-05 effective April 1, 2005.
		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level whi	ch will result from application of new rates	
	Accident Fund In	nsurance Company of America
		Name of Company
	F 4 V 04	- CDCII Compliant Advisor
	Fred Van Stream	n, CPCU, Compliance Advisor Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2005

SPRINGFIELD, ILLINOIS

	level produced by rate revision effective	March 1, 2005
	_	
(1)	(2)	(3)
(-)	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		· · · · · · · · · · · · · · · · · · ·
11. Inland Marine		· · · · · · · · · · · · · · · · · · ·
12 Homeowners		
13. Commercial Multi-Peril		
13. Commercial Multi-Peril 14. Crop Hail	-\$11.777	1.19
13. Commercial Multi-Peril 14. Crop Hail	-\$11,777	1.19
13. Commercial Multi-Peril14. Crop Hail15. Other <u>Workers' Compensation</u> Line of Insurance		
Does filing only apply to certain territor	-\$11,777 ory (territories) or certain classes? If so, spe	
 13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers' Compensation</u> Line of Insurance Does filing only apply to certain territe 		
 13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers' Compensation</u> Line of Insurance Does filing only apply to certain territono. 		ecify:
 13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers' Compensation</u> Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll 	ory (territories) or certain classes? If so, spe	ecify: ify organization):
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCI's approve 	ory (territories) or certain classes? If so, specious rates of an advisory organization, speci	ecify: ify organization):
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCI's approve 	ory (territories) or certain classes? If so, specious rates of an advisory organization, speci	ecify: ify organization):
 13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers' Compensation</u> Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCI's approve 	ory (territories) or certain classes? If so, specious rates of an advisory organization, specion discovery loss costs including currently app	ecify: ify organization):
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCI's approved downward deviation. 	ory (territories) or certain classes? If so, specious rates of an advisory organization, specion advisory loss costs including currently appranges.	ecify: ify organization):
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCI's approved downward deviation. * Adjusted to reflect all prior rate cl 	ory (territories) or certain classes? If so, specious rates of an advisory organization, specious dadvisory loss costs including currently appranges. evel which will	ecify: ify organization):
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCl's approved downward deviation. * Adjusted to reflect all prior rate cl ** Change in Company's premium I 	ory (territories) or certain classes? If so, specious rates of an advisory organization, specious discording currently appropriate the second second which will es.	ecify: ify organization):
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCl's approvedownward deviation. * Adjusted to reflect all prior rate cl ** Change in Company's premium I 	ory (territories) or certain classes? If so, specious rates of an advisory organization, specious discording currently appropriate the second second which will es.	ecify: ify organization):
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCl's approved downward deviation. * Adjusted to reflect all prior rate cl ** Change in Company's premium I 	ory (territories) or certain classes? If so, specious rates of an advisory organization, specious discording currently appropriate the second second which will es.	ecify: ify organization): proved 20.0%
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCl's approved downward deviation. * Adjusted to reflect all prior rate cl ** Change in Company's premium I 	ory (territories) or certain classes? If so, special contents of an advisory organization, special advisory loss costs including currently appropriate of the cost	ecify: ify organization): proved 20.0% AIU Insurance Company
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCl's approved downward deviation. * Adjusted to reflect all prior rate cl ** Change in Company's premium I 	ory (territories) or certain classes? If so, special contents of an advisory organization, special advisory loss costs including currently appropriate of the cost	ecify: ify organization): proved 20.0% AIU Insurance Company
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCl's approved downward deviation. * Adjusted to reflect all prior rate cl ** Change in Company's premium I 	ory (territories) or certain classes? If so, special contents of an advisory organization, special advisory loss costs including currently appropriate of the cost	ecify: ify organization): broved 20.0% AIU Insurance Company Name of Company
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCl's approved downward deviation. * Adjusted to reflect all prior rate cl ** Change in Company's premium I 	ory (territories) or certain classes? If so, special contents of an advisory organization, special advisory loss costs including currently appropriate the cost of	ecify: ify organization): proved 20.0% AIU Insurance Company
 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territe No. Brief description of filing. (If filing foll Rate filing based on NCCl's approved downward deviation. * Adjusted to reflect all prior rate cl ** Change in Company's premium I 	ory (territories) or certain classes? If so, special contents of an advisory organization, special advisory loss costs including currently appropriate of the cost	ecify: ify organization): broved 20.0% AIU Insurance Company Name of Company Paniel Cozzi - Filings Analyst

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
. Automobile Liability		5 \ ,
Private Passenger		
Commercial		
. Automobile Physical Damage		
Private Passenger		
Commercial		
. Liability Other than Auto		
. Burglary and Theft		
. Glass		
. Fidelity		
. Surety		
. Boiler and Machinery		
. Fire	-	
. Extended Coverage		
. Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail		
. Workers Compensation	\$15,172,481	+0.4%
Other		
Line of Insurance		
s filing only apply to certain territory (territorie	es) or certain classes? If so, specify No _	
of description of filing (if filing follows rates of a seffective 03/01/2005	an advisory organization, specify organiza	ition) Adoption of NC
		•

Alea North America Insurance Company
Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
Susanne M. Rockwell, CISR Filing Analyst _
Official — Title

SPRINGFIELD, ILLINOIS

Illnois

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability	(,
Private Passenger		
Commercial DIVISION OF INSI	IRANCE	
2. Automobile Physical Damagete Of ILLINOIS	BIIDFPR	
Private Passenger		
Commercial JAN 0 1 20	105	
3. Liability Other than Auto		
4 Burnlary and That		
5. Glass SPRINGFIELD, II	LINOIS —	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$2,300,000	0,1%
15. Workers Compensation	\$2,300,000	0,170
16. Other Line of Insurance		
Line of insurance		
Does filing only apply to certain territory (ter	ritories) or certain classes? Is	f so, specify <u>NO</u>
Brief description of filing (if filing follows ra	tes of an advisory organizati	on, specify organization)
The intent of this filing is to adopt the Illinois behalf of carriers authorized in Illinois an effective January 1, 2005. However our to our having to reduce the Advisory Rate a loss cost modifier component. When the purpose in providing financial calls to NC off from the published Advisory Rates.	nnai rates (see attached rate es by class into two componi proken down into two compo	pages) are siightly modified due ents - a loss cost component and ments, which is necessary for o
 Adjusted to reflect all prior rate changes. Change in Company's premium level which will rest 	ult from application of new rates.	
	Name of Company:	Amcomp Assurance Corporation
	Offitial Name:	Melody A. Misiaszek

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
<u>C</u>	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
	•		
	-		
	•		
Liability (Other Than Auto		
Burglary	and Theft		
Glass			
Fidelity			
Surety			
	d Machinery		
	_		
-		687 718	+0.6%
Omer			
	Automobility of Commercial Automobility of Comme	Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	Annual Premium Volume (Illinois)* Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Work Comp Annual Premium Volume (Illinois)*

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

JAN 0 1 2005 SPRINGFIELD, ILLINOIS American & Foreign Insurance Co. Name of Company

Steve McAllister -Product Support Supervisor Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1/1/2005
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
	<u> </u>	
3. Liability Other Than Auto		
	<u> </u>	
6. Fidelity		
7. Surety 8. Boiler and Machinery		
o. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine		
12 Homoownore		· · · · · · · · · · · · · · · · · · ·
13. Commercial Multi-Peril		
14. Crop Hail	· · · · · · · · · · · · · · · · · · ·	-
15. Other Workers Compensation	\$475.00	-1.65%
Line of Insurance	Ψ+10.00	-1.0070
Does filing only apply to certain territory (terr		
Added Bar Stadt NOOL		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	n will result from application of new rates	S .
	Δmerican	Compensation Ins. Co.
	Americal	Name of Company
	Wendy J Book -	Corporate Compliance Manager
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

	Change in Company's prevision effective	premium January	or rate 1, 2005	level	produced	by rat	e
	(1)			(2) L Premi	inate	(Pe	3) rcent
	Coverage		Volume ((+ or -)**
1.	Automobile Liability Private Passenger Commercial						- <u>-</u>
2.	Automobile Physical Da Private Passenger Commercial	amage					
3.	Liability Other Than	Auto					
4	Burglary and Theft	na çç					
5.	Glass						
6.	Fidelity		· · · · · · · · · · · · · · · · · · ·				
7.	Surety						
8.	Boiler and Machinery						
9.	Fire						
10.	Extended Coverage						
11.	Inland Marine						<u> </u>
12.	Homeowners					•	
13.	Commercial Multi-Peril	L '					
14.	Crop Hail						<u>`</u>
15.	Other Horker's Compensations of Insurance	tion	7,6	32,792			+0_17
Does	s filing only apply to sses? If so, specify:	certain No	territo	ory (te	rritories) or c	ertain
					- 		
Brie orga	ef description of filir anization, specify orga	ng. (If Enizatio	filing n): NCC	follow [Advis	s rates o	f an a [ncreas	dvisory e for the
_	, –						
<u>Vol</u>	untary Market as annound	ed in F	iling Ci	cular.	XL-2004 <u>-0</u> 2	and I	<u> 2004_05 </u>

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

AMERICAN COUNTRY INSURANCE COMPANY
Name of Company

Frederick C. Feld COMPLIANCE & state filing Supervisor Official - Title

M7=3:F0

FORM (RF-3)

Change in	Company's premium	or rate level	produced by	rate revision
Effective	January 1, 2005			

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
-		•
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		-
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Comp	\$24,468,833	+0.6%
Does filing only apply to certain terri If so, specify:	tory (territories) or certain clas	ses? No
Brief description of filing. (If filing fo Organization, specify organization):		ual Revision

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

James P. Meyer

Official - Title

James P. Meyer, ACP, AIM Senior Pricing Analyst/Filings

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate	level produced by rate revision effe	ectiveMarch 1, 2005
	•	
(1)	(2)	(3)
(.,	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage Private Passenger		
Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	#40.746.074	1.1%
15. Other Workers' Compensation Line of Insurance	\$42,746,271	1.176
Line of insulance		
Does filing only apply to certain terris	cory (territories) or certain classes?	If so, specify:
No.		
D : ()	1	
Brief description of filing. (If filing fol Rate filing based on NCCI's approve	· · ·	on, specify organization):
Hate filling based on NCCI's approve	a advisory loss costs.	
* Adjusted to reflect all prior rate of	hanges.	
** Change in Company's premium		
result from application of new ra	tes.	
		American Hame Assurance Company
		American Home Assurance Company Name of Company
		Hame of Company
		Daniel Cozzi - Filings Analyst
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Official - Title
H29219D	STATE OF ILLINOIS/IDEPA	
	MAR 0 1 2005	
I	ì	
1	SPRINGFIELD, ILLINOIS	
	SPRINGFIELD	

riange in Company's premium or rate	e level produced by rate revision effective	warch I, 2005
(1)	(2)	(3)
, ,	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	<u></u>	
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		·
13. Commercial Multi-Peril		
14. Crop Hail	000.004	1.1%
15. Other <u>Workers' Compensation</u> Line of Insurance	\$90,634	1.176
Line of insurance		
Does filing only apply to certain territ	cory (territories) or certain classes? If so,	, specify:
No.		
Brief description of filing (If filing fol	lows rates of an advisory organization, s	necify organization):
	ed advisory loss costs including currently	
downward deviation.		
* Adjusted to reflect all prior rate of	hanges.	
** Change in Company's premium	level which will	
result from application of new rate	tes.	
		American International South
		Insurance Company
		Name of Company
		David Comi. Filings Apply
		Daniel Cozzi - Filings Analyst Official - Title
1100010D		Oniciai - Title
H29219D		_
		NCE



ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produce	d by rate revision effective4	/1/2005
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or-)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	75	
7.	Fidelity Surety Boiler and Machinery Fire Extended Coverage	URANCE	
8.	Boiler and Machinery	IS INC.	
9.	Fire STATE ILL		
10.	Extended Coverage Inland Marine JAN 0 1	2005	
11.	Inland Marine JAN U.		
12.	Homeowners	WOIS -	
13.	Commercial Multi-Peril	D. ILLINO	
14.	Crop Hail SPRING	\$ 5,457,855	0.1%
15.	Workers Compensation	\$ 5,457,855	0.176
16.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (territories) of	or certain classes? If so, specify	N/A
	description of filing (if filing follows rates of an a		
	Advisory Loss Costs with a delayed effective	e date of April 1, 2005. To be a	effective for all new and renewal
polic	ies on and after April 1, 2005.		

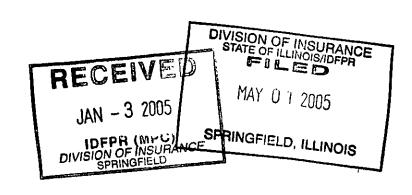
American Interstate Insurance Company			
Name of Company			
Kathy Wells, State Filing Coordinator			
Official — Title			

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

(Change in Company's premium or rate	level produced by rate revision effe	ctive January 1, 2005
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
1,	Private Passenger		
	Commercial		
2.	Automobile Physical Damage	· · ·	
٠.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		· · · · · · · · · · · · · · · · · · ·
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		· , <u>variamen us</u>
12.	Homeowners	· · · · · · · · · · · · · · · · · · ·	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,836,903 (Pg 24 IL of the 2003 Annual Statement)	0.1%
	Line of Insurance		
	lling only apply to certain territory (ter	· ·	
			STATE STOP IN
Filing	g to implement the NCCI's revised adv	isory rates of January 1, 2005.	PE " LLINOISIDE CE
			1
** C1	djusted to reflect all prior rate changes. nange in Company's premium level wh sult from application of new rates.		JAH 0 1 2005
		_4	American Safety Cas. Ins. Co. Name of Company
			Thomas L. Rudd, Manager Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	May 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial _		
2. Automobile Physical Damage		
Private Passenger Commercial _		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	· · · · · · · · · · · · · · · · · · ·	
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	(\$180,718)	-4.4%
Line of Insurance		
	erritories) or certain classes? If so, specify attes of an advisory organization, specify	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rate	s.
	Americ	ure Insurance Company
	Amens	Name of Company
	Co	ompliance Manager
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	May 1, 2005	
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
Extended Coverage		
11. Inland Marine	· 	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$2,041,771	+7.6%
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	no
aller teaters	rates of an advisory organization, specify o	organization): follows NCCI Rates with
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates	;.



RECEIVED

JAN - 3 2005

IDFPR (WPC)
DIVISION OF INSURANCE
SPRINGFIELD

		(1)	(2) Annual Premium	(3) Percent
		<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		oile Liability		
		Passenger		
	Comme	ercial		
2.	Automol	oile Physical Damage		
		Passenger		
	Comme	ercial		
3.	Liability	Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler ar	nd Machinery		
9.	Fire			
10.	Extended	d Coverage		
11.	Inland M	Sarine		
12.	Homeow	ners/		
13.	Commer	cial Multi-Peril		
14.	Crop Ha	il		
15.	Other	Workers' Compensation	\$75,000	+5.1%
		Line of Insurance		***

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



ILLINOIS SUMMARY SHEET

FORM RF-3

Cha	nge in Company's premium or rate level p	produced by rate revision effective	<u> </u>
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
^	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft Glass		NA - ALVA ALVA ALVA ALVA ALVA ALVA ALVA A
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	 	
9.	Fire	· · · · · · · · · · · · · · · · · · ·	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		=OWSELISIO
13.	Commercial Multi-Peril		DIVISION DE STATE OF THE STATE
14.			STAIR
15.	Workers Compensation	\$2,692,484	\ 0.10%
16.	Other		MAR 0 1 2005
	Line of Insurance		mr., •
_			SIOM
Doe	s filing only apply to certain territory (territ	ories) or certain classes? If so, spe	SPAINCFIELD, ILLINOIS
Brio	f description of filing (if filing follows rates	of an advisory organization, specify	(organization)
Add	ption of NCCI Loss Costs (NCCI Appro	oval Circular Reference IL-2004-0	5).
Effe	ective: March 1, 2005	- .	
*	* Adjusted to reflect all prior rate chang* Change in Company's premium level		new rates.
			Arch Incurence Comment
		,	Arch Insurance Company Name of Company
			reame of Company
			John Battles President, IRC
			Official - Title
			Cignoture
			Signature



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	1-Jan- <u>05</u>		
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial			
Liability Other Than Auto			
Burglary and Theft			
5. Glass	.,,,,,		
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners	***************************************		
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation Line of Insurance	5,358,396	+0.1%	
Brief description of filing. (If filing follow 2005 National Council on Compensation	territories) or certain classes? If so, specify retres of an advisory organization, specify no linear retres of an insurance advisory voluntary rates. Very and voluntary retrospective rating plants	ify organization): Adopting January 1, We are also adopting 01/01/05 NCCI	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	s.	
	Araana	aut Insurance Company	
	Argona	Name of Company	
	Allison Angst	adt - State Filings Coordinator	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revis	sion effective	January 1,	2005
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		-	
2.	Automobile Physical Damage Private Passenger Commercial		- - -	
3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Burglary and Theft Glass DIVISION OF INSURANCE Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		- - - - -	
14.	Crop Hail		-	
15.	Workers Compensation	50,548	_	-3.1%
16.	Other Line of Insurance		_	
Does	filing only apply to certain territory (territories) or certain class	ses? If so, specify	No.	
Wor and	description of filing (if filing follows rates of an advisory organi kers Compensation loss costs and rating values p titled "Illinois - Voluntary Market - Advisory Rates uction in the loss cost multiplier from 1.767 to 1.69	per NCCI Circular IL-2004- , Loss Costs and Rating V	05 dated De	
*	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level which will result from	n application of new rates.		
		Athena Assurance Comp	oany e of Company	
		Build	u	2nd Vice President
	·	Ut	ficial - Title	

Change in Company's premium or rate level produced by rate revision effective NB: 01/01/05 Ren: 01/01/05.

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)"	
1.	Automobile Liability Private Passenger Commercial			
2.				
3. 4.	Liability Other Than Auto Burglary and Theft			
6. 7.	Glass Fidelity Surety			
8. 9.	Boiler and Machinery Fire Extended Coverage			
11. 12.	Inland Marine Homeowners			
14.	Commercial Multi-Peril Crop Hail Other <u>Workers Compensation</u> .	\$11,604,861	0.6%	
	Line of Insurance			
Doe spe	s filing only apply to certain cify: All classes.	territory (territories)	or certain classes? If so	_
spe	ef description of filing. (If cify organization): Adoption (astrophic Industrial Accidents ra	of the NCCI Domestic T	f an advisory organization errorism, Earthquakes, and	1
• Ac	justed to reflect all prior rate	changes		_
** C	hange in Company's premium level	which will result from app	olication of new rates.	
	Di	VISION OF INSURANCE STATE OF ILLINOIS/IDEPR	o-Owners Insurance Company	

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR

Auto-Owners Insurance Company
Name of Company

Name of Company

SPRINGFIELD, ILLINOIS

Brandi Bolly, Manager
Official - Title

30004 (6-77)

į

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
_iability Other Than Auto		
Burglary and Theft Glass	· · · · · · · · · · · · · · · · · · ·	
Fidelity		
Surety		
Boiler and Machinery		
Fire	······································	
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail	12/22/1 00	1 / 0/
Other Workers Comp. Life of Insurance	1,367,763.00	+.1%
Does filing only apply to certa	ain territory (territories) or o	certain
Classes? If so,	Jo	
specify:	<i>y</i> (,	
Brief description of filing. (If f	iling follows rates of an ac	
Organization, specify	•	3 V 13 O 1 Y
organization):	NGCI	
*Adjusted to reflect all prior ra	ate changes.	
Change in Consensus Bren	nium level which will result I	t from application of new
aleman of Ithing	ate changes. nium level which will result	<u>Jutual Insurance</u> me of Company om Densation Cond Official - Title
PT B + CT	Dager II	mo of Company
JAN 0 1 2005	l / Nai	me or Company

Change i	n Company's	premium	or	rate	level	produced	by	rate
revision	effective	January	1,	2005				

(1)	(2)	(3)
. ,	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois) *	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
LO. Extended Coverage		
ll. Inland Marine		
L2. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
Line of Insurance	112,869	+3.36%
Does filing only apply to certain of so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization Retain our Loss Cost Multiplier or	n): Adopt the NCCI Loss C	ost effective 1/1/05
		· · · · · · · · · · · · · · · · · · ·
* Adjusted to reflect all prior of the Change in Company's premium less result from application of new	vel which will	
	Carol E. Siimmons, CIC, F	
	Official - Tit	

	e level produced by rate revision effective	March 1, 2005
(1)	(2)	(3)
\'' /	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
<u>Goverage</u>	VOIGHTO (MILITORY)	
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
•		
7. Surety		
8. Boiler and Machinery		
9. Fire		
Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$51,764	1.1%
Line of Insurance	*	
Does filing only apply to certain terri	tory (territories) or certain classes? If so, sp	ecny.
NO.		
Brief description of filing. (If filing fo	Harrie taken of an advisent ergenization, and	eify organization):
Rate filing based on NCCI's approve		my organization).
* Adjusted to reflect all prior rate (ed advisory loss costs.	my organization,
* Adjusted to reflect all prior rate of the company's premium	ed advisory loss costs. changes.	
** Change in Company's premium	changes. level which will	
	changes. level which will tes.	
** Change in Company's premium	changes. level which will tes.	ngham Fire Insurance Company
** Change in Company's premium	changes. level which will tes.	ngham Fire Insurance Company of Pennsylvania
** Change in Company's premium	changes. level which will tes.	ngham Fire Insurance Company
** Change in Company's premium	changes. level which will tes.	ngham Fire Insurance Company of Pennsylvania
** Change in Company's premium	ed advisory loss costs. changes. level which will tes. Birmin	ngham Fire Insurance Company of Pennsylvania Name of Company Daniel Cozzi - Filings Analyst
** Change in Company's premium	ed advisory loss costs. changes. level which will tes. Birmin	ngham Fire Insurance Company of Pennsylvania Name of Company
** Change in Company's premium result from application of new ra	ed advisory loss costs. changes. level which will tes. Birmin	ngham Fire Insurance Company of Pennsylvania Name of Company Daniel Cozzi - Filings Analyst
** Change in Company's premium	changes. level which will ttes. DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	ngham Fire Insurance Company of Pennsylvania Name of Company Daniel Cozzi - Filings Analyst
** Change in Company's premium result from application of new ra	ed advisory loss costs. changes. level which will tes. Birmin	ngham Fire Insurance Company of Pennsylvania Name of Company Daniel Cozzi - Filings Analyst
** Change in Company's premium result from application of new ra	changes. level which will ttes. DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	ngham Fire Insurance Company of Pennsylvania Name of Company Daniel Cozzi - Filings Analyst
** Change in Company's premium result from application of new ra	changes. level which will ttes. DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	ngham Fire Insurance Company of Pennsylvania Name of Company Daniel Cozzi - Filings Analyst
** Change in Company's premium result from application of new ra	changes. level which will ttes. DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	ngham Fire Insurance Company of Pennsylvania Name of Company Daniel Cozzi - Filings Analyst

ILLINOIS SUMMARY SHEET

FORM RF-3

Chang	e in Company's premium or rate level produced by rate revis	sion effective	January 1, 2005
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
11. 12. 13.	Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery TATE OF LLINOIS IDEAN Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
14. 15. 16.	Crop Hail Workers Compensation Other Line of Insurance	1,448,029	11.7%
Does	iiling only apply to certain territory (territories) or certain class	ses? If so, specify	No.
Work	lescription of filing (if filing follows rates of an advisory organisers Compensation loss costs and rating values pitled "Illinois - Voluntary Market - Advisory Rates ation of a loss cost modification of 1.050.	per NCCI Circular IL-2004-	
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	n application of new rates.	
		Charter Oak Fire Insurar	
		Builde	2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

	Change in Company's premium or rate level produced by rate revision effective		<u>January 1,</u> 2005	
	(1)	(2)	(3)	
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or 1)**	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi Peril			
14.	Crop Hail		4.01%	
15.	Workers Compensation	\$3,058,774.00	4.0176	
16.	Other			
Does fili	ng only apply to certain territory (te	rritories) or certain classes? If so, Specify		
Brief de	scription of filing (if filing follows ra	tes of an advisory organization, specify organizat	ion)	

Church Mutual Insurance Company Name of Ge DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR ty Line LED Lynn A. Reichel Director--Casua Official - Title JAN 0 1 2005 SPRINGFIELD, ILLINOIS

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	01/01/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$53,351,823 .	+0.4%
Line of insurance		
Does filing only apply to certain territory (territories) or certain classes? If so, specify	/: n/a
The state of the s		
Brief description of filing. (If filing follow revisions. Refer to NCCI circulars IL-200	s rates of an advisory organization, speci 4-02 and IL-2004-04.	fy organization): <u>Adopting NCCI's rate</u>
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	s.
	The Cine	innati Casualty Company
	rne Cinc	Name of Company
		Hame of Company
	Conni	e Petertonjes - Analyst
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	rel produced by rate revision effective	01/01/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial _		<u> </u>
Automobile Physical Damage Private Passenger Commercial _		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$7,396,733.	0.1%
Line of Insurance		
	erritories) or certain classes? If so, specify: peritories of an advisory organization, specify 1-02 and IL-2004-04.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level when the company level	nich will result from application of new rates.	
	The Cincins	nati Indemnity Company
		ame of Company
	·	
	Connie	Petertonjes - Analyst
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	01/01/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
	· · · · · · · · · · · · · · · · · · ·	
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	•	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$14,441,202.	+0.6%
Line of Insurance		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	n/a
	s rates of an advisory organization, specify	organization): Adopting NCCI's rate
revisions. Refer to NCCI circulars IL-200	4-02 and IL-2004-04.	
*Adjusted to reflect all prior rate changes		
**Change in Company's premium level w	hich will result from application of new rates	•
		nati Insurance Company
		Name of Company
	A	Detectories Analysis
	Connie	Petertonjes - Analyst
		Official – Title



(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)*
. Automobile Liability		
Private Passenger		
Commercial	<u> </u>	
. Automobile Physical Dama		
Private Passenger		
Commercial		
. Liability Other Than Auto		
. Burglary and Theft		
. Glass		
. Glass . Fidelity		
. Surety		-
. Boiler and Machinery		
. Fire		
	·	
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail	-	
5. Other Workers Compensa	on\$441,816	+0.6%
Line of Insurance		
oes filing only apply to certain t	ritory (territories) or certain classes? If so, specif	v: No
	, to the second of the second	,
rief description of filing. (If filing	follows rates of an advisory organization, specify o	organization):
	B-1393 concerning Domestic Terrorism, Earthqui	

Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

COLUMBIA NATIONAL INS. CO.
Name of Company

Official - Title

Dennis McVay, CPCU

Director, Research & Development

	Change in Company's premium or rate I	evel produced by rate revision e	offective 5/1/05
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft Glass		
5. 6. 7.	Fidelity Surety		
3. 9. 10.	Boiler and Machinery Fire Extended Coverage		
11. 12.	Inland Marine Homeowners Commercial Multi-Peril		
14.		\$441,816	+0.1%
Doe	es filing only apply to certain territory (territ	ories) or certain classes? If so,	specify: No
3rie	f description of filing. (If filing follows rate Postpone NCCI's effective date of 1/1/0!		
			DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
k	Adjust to reflect all prior rate changes. Change in Company's premium level wh	sigh will requit from application o	MAY 0 1 2005
			SPRINGFIELD, ILLINOIS
		CEIVEL	COLUMBIA NATIONAL INS. CO. Name of Company
	ID.	N - 4 2005 PEPR (MPC) DIN OF INSURANCE SERINGFIELD	political and
	Benesia (n. 1933) - man antica mana		Official - Title Dennis McVay, CPCU
		!	Director, Research & Development

Change in Company's premium or rate le	evel produced by rate revision effective	March 1, 2005
(1)	(2)	(3)
(1)	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
<u>Ooverage</u>	volume (minois)	Onlange (1 of 7
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial	·	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	-	-
9. Fire	· · · · · · · · · · · · · · · · · · ·	
10. Extended Coverage	***************************************	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$159,003,059	1.1%
Line of Insurance	\$100,000,000	1.170
Elifo of Modranos		
Does filing only apply to certain territor	y (territories) or certain classes? If so,	specify:
No.		
	ws rates of an advisory organization, sp	
	advisory loss costs including currently	approved 15.0%
upward deviation.		
* Adjusted to reflect all prior rate cha		
** Change in Company's premium le		
result from application of new rate	S.	
		Commerce & Industry
		Insurance Company
		Name of Company
		Daniel Cozzi - Filings Analyst
		Official - Title
H29219D		
		_



SUMMARY SHEET

	Change in Company's premium	or rate level produced by rate revision effective	January 1, 2005
	(1)	(2)	(3) Percent
	Coverage	Annual Premium Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire _		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Work Comp Line of Insurance	(157,883)	+0.6%
Does f	fling only apply to certain territ	ory (territories) or certain classes? If so, specify:	
No	G , · , , ,		

- Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLIE ID

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

The Connecticut Indemnity Company

Name of Company

Steve McAllister -

Product Support Supervisor

Official - Title

H29219D

Change in Company's premium or rate level produced by rate Revision effective 5-1-05

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	ANGE	
4.	Burglary and Ther DIVISION OF INS Glass Fidelity Fidelity	SIDFER	<u>-,</u>
5.	Glass STATE OF ILLE		
6.	Fidelity		
7.	Surety MAY 01	Snna I	
8.	Boller and Machinery		
9.	Fire	III INOIS	
10.	Extended Coverage PRINGFIELD), ICLIVO	
11.	Illiana Mai III		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Work Comp	\$3,967,067	+4.0%
	Line of Insurance		
Does No	filing only apply to certain territor	ry (territories) or certain classes? If	so, specify:
Ado	pting NCCI loss costs (with the	lows rates of an advisory Organization of class codes 0042, 5022 rating values dated January 1, 2005	, 5551, 6217, 7228, 7229,
		and expense constant provided by	
	· · · · · · · · · · · · · · · · · · ·		
* A	directed to reflect all prior rate che	inges	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company
Name of Company

Teresa Wineland, Statistical/Research Analyst
Official - Title

H29219D

CI	hange in Company's premium or rate level produced by	y rate revision effective	_	02/01/05
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)	**
1.	Automobile Liability Private Passenger Commerciał			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other than Auto			
4.	Burglary and Theft	***************************************		
5.	Glass			
6.	Eldalib.			
				
7.	STAIL			
8.	Boiler & Machinery			
9.	Fire FEB 0 1 2005			
10.	Extended Coverage	<u>·</u>		
11.	Inland Marine SPRINGFIELD, ILLING			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers' Compensation	3,398,000	-3.2%	
16.	Other			
	Does filing only apply to certain territory(ies) or certain No, applies to all WC.	n classes? If so, specify:		
Brief description of filing. (If filing follows rates of an advisory organization, specify organization. Adoption of NCCI Prospective Loss Costs and Decrease of Loss Cost Multiplier				
	Westport Insurance Corporation is the base for the LCM. Coregis is +15% Tier off of Westport.			
	* Adjusted to reflect all prior rate changes.			
	** Change in Company's premium level whi	ich will result from application of r	ew rates.	
		Caracia Incurrana Caraca		
	-	Coregis Insurance Compar Name of Company	<u> </u>	
		Linda Snook, P&RS Speci	alia4	
	-			

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

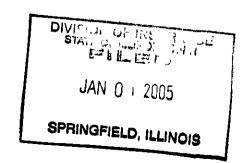
Change in Company's premium or rate leve	produced by rate revision effective 01/0	1/05
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$4,762,622	2.10%
Line of Insurance		
Does filing only apply to certain territory (ter	mitories) or certain classes? If so, specify:	No
	ntes of an advisory organization, specify organization.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ch will result from application of new rates.	
	EMCASCO	Insurance Company
	Nan	ne of Company
		ower - Asst. Vice President
	Oi	ficial - Title



Page 1 of 1 Edition 08/01/95

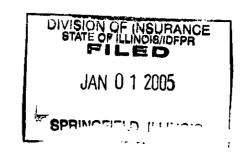
ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		1/1/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial	·	
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
- Close		
6. Fidelity		
7 Curotu		
Boiler and Machinery		
9. Fire		
12. Homeowners		
	-	
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	31,742,328.	+0.1%
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify	· · · · · · · · · · · · · · · · · · ·
Brief description of filing. (If filing follows rate Filing to adopt NCCI 1-1-2005 advisory rates		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates	3.
, , ,	• •	
		urance Company of Wausau
		Name of Company
	Debra Rothmeyer	State Filings Analyst
	= 0.000 1 1000 1100 100	Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level p	oroduced by rate revision effective <u>01</u>	/01/05
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft	**	
5. Glass		
6. Fidelity		• •
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$3,213,473	3.10%
Line of Insurance		
Daniel Stranger and Company of the C		NI-
Does filing only apply to certain territory (territ	ories) or certain classes? If so, specify:	No
Brief description of filing. (If filing follows rate:	s of an advisory organization, specify organi	ization): We are adopting the
advisory rates approved in NCC1 circular IL-20		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rates.	
	Employers Mutual Casualty Company	
	N	ame of Company
		nnower - Asst. Vice President
		Official - Title



Page 1 of 1 Edition 08/01/95

Çr	nange in Company's premium or rate level pro	oduced by rate revision effective	02/01/05	
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois)*	Change (+or-)**	
1.	Automobile Liability Private Passenger Commercial		· .	
2.	Automobile Physical Damage Private Passenger Commercial	·		
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler & Machinery			
9.	Fire			
10.	Extended Coverage	- ANCE		
	Inland Marine DIVIS City C	DE INSTEANCE ILLINOIS/IDFPR		
12.	Homeowners			
13.	Commercial Multi-Peril	3 0 1 2005		
14.	Cron Hail	1		
	Workers' Compensation	APIED, ILLINGS	0.0%	
16.	Other			
	Does filing only apply to certain territory(ies) No, applies to all WC.	or certain classes? If so, specify:		
		<u>,</u>		
	Brief description of filing. (If filing follows rate: Adoption of NCCI Prospective Loss Costs an	nd Decrease of Loss Cost Multiplier	organization.	
	Westport Insurance Corporation is the base f	for the LCM.		
•	ERC is +15% Tier off of Westport. * Adjusted to reflect all prior rate ch	hangee		
		level which will result from application	of new rates.	
		Employers Reinsurance	Corporation	
		Name of Comp		

Linda Snook, P&RS Specialist Official -- Title

ILLINOIS SUMMARY SHEET

Form (RF-3)

	eptember 1, 2005	
(1)	(2)	(3) Percent
_	Annual Premium	
Coverage	Volume (Illinois) *	Change (+ or -) *
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Workers Compensation	\$7,416,008	0.8%
Other		
Line of Insurance		
s filing only apply to certain territory (territorie ses? If so, specify: <u>No</u>	s) or certain	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

SEP 0 1 2005

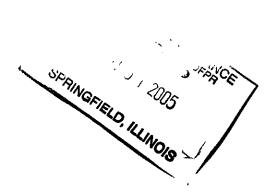
SPRINGFIELD, ILLINOIS

Farmers Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	1/1/05
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial _		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft	<u> </u>	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery _		
9. Fire _		
10. Extended Coverage _		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril _		
14. Crop Hail		
15. Other Worker's Compensation	1,601,545	-0.63%
Brief description of filing. (If filing follows ra	erritories) or certain classes? If so, specify:	nization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh		ual Insurance Company me of Company
		Official – Title



No

SUMMARY SHEET

Change in Company's premium or rate level produced by rate May 1, 2005 revision effective (3) (2) (1) Percent Annual Premium Volume (Illinois) * Change (+ or -) ** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety Boiler and Machinery 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 13,806,401 0.2 0.0% Line of Insurance Does filing only apply to certain territory (territories) or certain characteristics MAY 0 1 2005 Brief description of filing. (If filing follows rates of an advisory organization): We have made some revisions to the deviations on some class codes. The impact is 9.0% change in our premium level. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Federated Mutual Ins. Co. Name of Company Brad Hanson - Vice President

Official - Title

Section 754.EXHIBIT A Summary Short (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change</u> (+ or -)**	
3. 4. 5. 6. 7. 8. 9. 10. 11.	Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	If filing follows rate ion): TO LOSS COST rate changes	ies) or certain	SION OF INSURANCE ATE OF ILLINOIS/IDFPR (AN 1 5 2005 FIELD, ILLINOIS

FEDERATED RURAL ELECTRIC TWS EXCHANGE

Home of Company FILED

ANNETTS ALEXANDER MAR 1 7 1983

Official-Title

ACTUARIAL ANALYST SOS-ISEL-CODE UNITE

	Change in Company's premiure revision effective May 1, 200		STATE OF ILLINOIS/IDFPR
	(1)	(2) Annual Premium	MA\$) 0 1 2005 Percent
	Coverage	Volume (Illinois) *	Change (+ or -) ** SPRINGFIELD, ILLINOIS
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	***************************************	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	80,269	0.2 0.0%
N Brie	ef description of filing. (If filing follows rate) We have made some revisions to the dev 1.2	tes of an advisory organization,	specify organization);
	.0% change in our premium level.		
** (Adjusted to reflect all prior rate chang change in Company's premium level whit vill result from application of new rates.	ch <u>Fec</u> Name	derated Service Ins. Co. of Company n – Vice President

SUMMARY SHEET

		(1)	(2) Annual Premium	(3) Percent
	2	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.		ile Liability		
		Passenger		
^	Comme			
2.	Private l	ile Physical Damage Passenger		<u></u>
	Comme	•		
3.	•	Other Than Auto and Theft		
4. 5.	Glass	and their		
۶. 6.	Fidelity			<u> </u>
7.	Surety			
8.		d Machinery		
9.	Fire			
10.	Extended	Coverage		
11.	Inland M	arine		
12.	Homeow	ners		
13.	Commerc	cial Multi-Peril		· · · · · · · · · · · · · · · · · · ·
14.	Crop Hai	l		
15.	Other	Work Comp	3,363,096	_+0.6%
		Line of Insurance		
 1		nale ta sartain tarritore (territories) or certain classes? If so, specify:	
No.	inda oma al	ppry to certain territory (territories, or certain classes. It sot speed,	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FILED

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

The Fire & Casualty Insurance Company of Connecticut Name of Company

Steve McAllister -Product Support Supervisor Official - Title

H29219D

._./. . . .\. Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

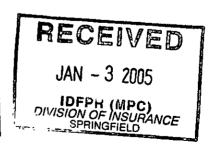
Q1	ERAI	МΔ	RY	SH	EE.	T
Jυ	JIVII	VI 🦰	ו או	ЭΠ		ŧ

Change in Company's premium or rate level pro	oduced by rate revision effective	2/1/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Driveta Danasana Commonatal		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
9 Poilor and Machineny		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	945,958.	+0.1%
Line of Insurance		
Does filing only apply to certain territory (territor	ries) or certain classes? If so, speci	fy:
Brief description of filing. (If filing follows rates of Filing to adopt NCCI 1-1-2005 loss cost with c	of an advisory organization, specify surrent filed approved company loss	organization):s cost multipliers; and revised minimum
premium formula.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which w	rill result from application of new rat	es.
	The First I	iberty Insurance Corporation
		Name of Company
	Debra Rothmeyer	State Filings Analyst
	<u> </u>	Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

FEB 0 1 2005

SPRINGFIELD, ILLINOIS



ILLINOIS DEPARTMENT OF INSURANCE

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Inland Marine Homeowners		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance	945,958.	0.6%
Brief description of filing. (If filing follows refiling to begin using NCCI voluntary ad Accidents.	ates of an advisory organization, specify of the state of	organization);
		triquakes, and Gatastrophic fridustrial
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rate	

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level pr	oduced by rate revision effective01/0	01/2005
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent
1. Automobile Liability	volume (lilinois)	Change (+ or –)**
		•
Private Passenger	-	
Commercial		<u> </u>
2. Automobile Physical Damage		
Private Passenger		• •
- Commercial		
3. Liability Other than Auto	 	· ———
4. Burglary and Theft		<u> </u>
5. Glass		<u> </u>
6. Fidelity		
7. Surety		•
8. Boiler and Machinery		· · · · · · · · · · · · · · · · · · ·
9. Fire		
10. Extended Coverage	-	
11. Inland Marine		·
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,472,717	-8.9%
16. Other	·	<u> </u>
Line of Insurance		
Does filing only apply to certain territory (territory) Brief description of filing (if filing follows rates of		
Adoption of approved 01/01/2005 NCCI loss costs.	Ve would also like to reduce our loss cost mul	tiplier to 1.541.
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which	will result from application of new rates.	
	<u>Florist</u>	s' Mutual Insurance Company Name of Company
•		
	P-16-	da J. Bentley, CPCU, AVP-Operations Official — Title
	JAN 0 1 2005	

SPRINGFIELD, ILLINOIS

(Change in C	Company's premium or r	ate level produced by rate revision effective	e <u>01-01-05</u>
		(1)	(2) Annual Premium	(3) Percent
	<u>(</u>	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		ile Liability Passenger		
2.	Automob	ile Physical Damage Passenger		
3.		Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.		d Machinery		
9.	Fire			
10.		Coverage		
11.	Inland M			
12. 13.	Homeow	ners zial Multi-Peril		
13. 14.	Crop Hai			
15.	Other	Workers' Compensation	\$12,174,000	+5.1%
		Line of Insurance		
	iling only ap	oply to certain territory	(territories) or certain classes? If so, specif	
N/A Brief of	lescription of	of filing. (If filing follo s, misc. values and min	ws rates of an advisory organization, specim	JAN () . 2005
** Cl	nange in Co	eflect all prior rate chang mpany's premium level plication of new rates.	ges. which will	SPRINGFIELD ILLINOIS
			<u>Fran</u>	nkenmuth Mutual Insurance Name of Company
				ne Kohler Commercial Technician Official - Title

JAN-10-2005 10:18AM

SUMMARY SHEET

(Change in C	ompany's premium or tat	e level produced by rate revision effective	January 1, 2005
		(1)	(2) Annual Premium	(3) Percent
	<u>C</u>	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobi	le Liability		
	Private F	assenger		
	Commer	cial		
2.		ile Physical Damage		
		Passenger		
	Commer			
3.	_	Other Than Auto		
4.	Burglary	and Theft		
5.	Glass		· · · · · · · · · · · · · · · · · · ·	
6.	Fidelity			
7.	Surety			
8.	Boiler an	d Machinery		
9.	Fire			
10.		Соуставе		
11.	Inland M	arine		
12.	Homeow		1177	
13.		ial Multi-Peril	A 147 - 1	
14.	Crop Hai			+0.6%
15.	Other	Work Comp	470,345	+0.0%
		Line of Insurance		
			to the second state of the	
	filing only a	pply to certain territory (I	erritories) or certain classes? If so, specify:	
Νo				<u> </u>

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

Globe Indemnity Company
Name of Company

Steve McAllister Product Support Supervisor
Official - Title

H29219D

Change in Company's premium or rate	level produced by rate revision effective	March 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation Line of Insurance 	\$42,174 bry (territories) or certain classes? If so, s	1.1%
Brief description of filing. (If filing followate filing based on NCCI's approved * Adjusted to reflect all prior rate chesses. Change in Company's premium less	anges.	ecify organization):
result from application of new rate	es.	

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:

		3/1/2005	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
•	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		_
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		**************************************
	Fire		
0.	Extended Coverage		-
1.	Inland Marine		-
2.	Homeowners		-
3.	Commercial Multi-Peril		-
4.	Crop Hail		
5.	Workers Compensation	\$179,613	9.6%
3. 3.	Other	4110,010	
J.	(Line of Insurance)		
oes fi	ling only apply to certain territory (territori	ies) or certain classes? If so, specify	y: NO
	escription of filing. (If filing follows rates of on of NCCI Loss Costs, Rating Values an		
	e January 1, 2005. Our filing (WC IL 041		
			DIVISION OF INSURAN

* Adjusted to reflect all prior rate changes.

** Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

MAR 0 1 2005

Great American Alliance Insurance Company

Name of

Comsperiend, ILLINOIS

Denise Kreyenhagen Product Analyst Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

DIVISION OF INSURANCE STATE OF ILLIED

MAR 0 1 2005

Change in Company's premium or rate level produced by rate revision effective:

3/1/2005

SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	<u> </u>	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$276,553	-2.9%
16.	Other		
	(Line of Insurance)		
Door fi	ling only apply to certain territory (territori	ies) or certain classes? If so, specify:	NO
Dues II	illig only apply to certain territory (territori	les) of certain classes: if so, specify.	110
			· · ·
_			
	escription of filing. (If filing follows rates of		
Adoptio	on of NCCI Loss Costs, Rating Values an	d Retrospective Rating Values from NCC	CI Circular IL-2004-05
effectiv	e January 1, 2005. Our filing (WC IL 041	12 RATE) to be effective March 1, 2005.	

* Adjusted to reflect all prior rate changes.

Great American Assurance Company
Name of Company

Denise Kreyenhagen Product Analyst
Official - Title

WC-IL-6

Printing 2/02

^{**} Change in Company's premium level which will result from application of new rates.

1.

2.

3. 4.

5.

6.

7.

8. 9.

10. 11.

12.

13. 14.

15.

16.

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2005 (2)(3)(1) Percent **Annual Premium** Volume (Illinois) * Change (+ or -) ** Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto **Burglary and Theft** Glass **Fidelity** Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Per Crop Hail \$185,277 0.5% Workers Compensation Other (Line of Insurance) Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2004-05 effective January 1, 2005. Our filing (WC IL 0412 RATE) to be effective March 1, 2005.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company Name of Company

Denise Kreyenhagen Product Analyst Official - Title

WC-IL-6

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2005

		3/1/2003	
	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
	Coverage	volume (inimois)	Ondrigo (* or)
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	· · · · · · · · · · · · · · · · · · ·	
8.	Boiler and Machinery	·····	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$1,126,133	-3.3%
16.	Other		
	(Line of Insurance)		 -
Dogs fi	ling only apply to certain territory (territorie	es) or certain classes? If so specify:	NO
<u></u>			
	escription of filing. (If filing follows rates of		
Adoption	on of NCCI Loss Costs, Rating Values and	d Retrospective Rating Values from NC	CI Circular IL-2004-05
effectiv	e January 1, 2005. Our filing (WC IL 0412	2 RATE) to be effective March 1, 2005.	
			
		DIVIS	ON OF INSURANCE
	* Adjusted to reflect all prior rate chang	JC3,	C ULLINOIS/IDFPR
	** Change in Company's premium level	which will result from application of new	Mates- □ □
		1 ,	1AR 0 1 2005
			-
		Great American Insurance Com	
		Name Spain	NGFIELD, ILLINOIS
		<u> </u>	

WC-IL-6

Denise Kreyenhagen Product Analyst
Official - Title

Printing 2/02

ILLINOIS SUMMARY SHEET FORM RF-3

Cha	nge in Company's premium or rate level produced by rate	revision effective Jan	uary 1, 20	005
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger		. <u> </u>	
	Commercial		. <u>-</u>	
2.	Automobile Physical Damage			
	Private Passenger		. <u>-</u>	······································
	Commercial			
3.	Liability Other than Auto		. <u>-</u>	
4.	Burglary and Theft	12 2012 1 1 1 1 2 2 2 2 1 1 1 1 1	. <u> </u>	
5.	Glass	<u></u>	. <u> </u>	
6.	Fidelity		. <u> </u>	
7.	Surety			
8.	Boiler and Machinery	·		
9.	Fire		. <u>-</u>	
10.	Extended Coverage		. <u></u>	
11.	Inland Marine			
12	Homeowners	-	. <u>-</u>	
13.	Commercial Multi-Peril		. <u>-</u>	
14.	Crop Hail		. <u> </u>	
15.	Workers Compensation	\$5,559,189.	. <u>-</u>	-9.0%_
16.	Other		. <u>-</u>	
	Line of Insurance			
Doe	s filing only apply to certain territory (territories) or certain	classes? If so, specify	No	
Brie	f description of filing (if filing follows rates of an advisory o	rganization, specify organ	ization)	We are filing for
a rat	te deviation of +5.0% on all classes for Great West Casua	alty Company.		
<u> </u>	 			
*	Adjusted to reflect all prior rate changes.			
**	change in Company's premium level which will result from	n application of new rates	i.	

RECEIVED

JAN - 3 2005

IDFPR (NPC)
OPINSURANCE
PRINGFIELD

Great West Casualty Company

Name of Company Janice L. Hohenstein, Actuarial ANALYSIOF ILLINOIS/IDFPR
Official - Title

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's	premium or rat	te level produced	by rate
revision effective	May 1, 2005		•

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
 Extended Coverage 		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	-	
14. Crop Hail		+
15. Other Workers Compensation	9,022,269	+3 ; 705 ; C
Line of Insurance		
Does filing only apply to certain If so, specify: No	n territory (territories)or	certain classes?
Brief description of filing. (Is organization, specify organization		
Terrorism, Earthquake and Catasta	rophic Industrial Accidents	charge
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	evel which will	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 0 1 2005

SPRINGFIELD, ILLINOIS

Grinnell	Mutu	al Re	insurance	2
Nan	ne of	Сопра	anv	

Karen Bethea - Actuary
Official - Title

•	Change in Company's premium or rate	e level produced by rate revision effective	08/01/05
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ o <u>r</u> -)**
	Coverage	volume (minois)	<u>Change (ox) </u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		10.007
15.	Other Workers' Comp	\$976,074	+0.8%
	Line of Insurance		
Door f	iling only apply to certain territory (te	erritories) or certain classes? If so, specify	•
No	ming only apply to certain territory (te	intolled of column classes. It so, specify	•
Brief	description of filing. (If filing follows	rates of an advisory organization, specify	organization):
Filin	g to adopt the loss costs and rating val	ues contained in NCCI approval circular I	L-2004-05 with a delayed
		m multiplier in minimum premium formul	a on Harco Exception
Page	WC-E-1.	- ANGE	
	S. A. L. G. A. H. Williams A.	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	
	djusted to reflect all prior rate change: hange in Company's premium level w	STATE OF ILLE	
	sult from application of new rates.	i i	
10	suit from application of new races.	AUG 0 1 2005	
		1	
		THE PULLINOIS	
		SPRINGFIELD, ILLINOIS Haro	National Insurance Company
			Name of Company
		Debb	ie Smith - Compliance
		Tech	nical Specialist
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
		
. Automobile Liability Private		
Passenger Commercial		
. Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
. Burglary and Theft		
. Glass	,	
. Fidelity		
. Surety		
. Boiler and Machinery		
. Fire		
D. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation	\$5,579,413	2.90%
Line of Insurance		
oes filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	No
	.	······································
	es of an advisory organization, specify organi 2004-05. We are also changing our premium	
dvisory rates approved in NCCI circular IL-	2004-05. We are also changing our premium	
dvisory rates approved in NCCI circular IL-	2004-05. We are also changing our premium	
dvisory rates approved in NCCI circular IL-	2004-05. We are also changing our premium n will result from application of new rates.	discount schedule from Type A to Ty
dvisory rates approved in NCCI circular IL-	2004-05. We are also changing our premium n will result from application of new rates. Illinois Emo	discount schedule from Type A to Ty



onange in Company's	premium or rate leve	ei produced by rate revision	i ellective	March 1, 2005
(1)	(2)		(3)
`	-,	Annual Premium		Percent
Cov	<u>erage</u>	Volume (Illinois)*		Change (+ or -)**
1. Automobile Liab	ilitv			
Private Passen	-			
Commercial				
2. Automobile Phys				
Private Passen	iger			
Commercial				
3. Liability Other Ti				
4. Burglary and Th	eft			
5. Glass				
 Fidelity Surety 		<u></u>		
Surety Boiler and Mach	inen.			
9. Fire				
10. Extended Cover	age			***
11. Inland Marine			<u> </u>	
12. Homeowners				· - · · · · · · · · · · · · · · · · · ·
13. Commercial Mul	ti-Peril			
14. Crop Hail				
15. Other Workers'	Compensation	\$17,936	,660	1.1%
Line of Ins	urance			
		/a - 1a - 1	0 16:	
• • • • •	y to certain territory	(territories) or certain classe	es? If so, specif	y:
No.	· · · · · · · · · · · · · · · · · · ·			
Brief description of f	ilina. (If filina follows	rates of an advisory organ	ization, specify o	organization):
•	NCCI's approved ac		, opening	3
		•		
 * Adjusted to refle 	ct all prior rate chang	ges.		
•	pany's premium leve	l which will		
result from appli	cation of new rates.			
			(III::- NI	ational lacousage Comment
				ational Insurance Company
				Name of Company
		EINSURANCE	Dani	el Cozzi - Filings Analyst
	DIVISION	FINSURANCE ILLINOIS/IDFPR		Official - Title
H29219D	SIA			
	1	0.1.2005		
	MAR MAR	0 1 2005		
	1	FIELD, ILLINOIS		
		FIELD, ILLINO		
	/ Spanne			

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: 1-1-2005

(1)

(2)

(3)

Coverage

Annual Premium Volume (Illinois)*

Percent Change (+ or -)*1

- 1. **Automobile Liability** Private Passenger Commercial
- 2. Automobile Physical Damage Private Passenger Commercial
- 3. Liability Other Than Auto
- 4. **Burglary & Theft**
- 5. Glass
- 6. **Fidelity**
- 7. Surety
- 8. Boiler & Machinery
- 9. Fire
- 10. **Extended Coverage**
- 11. Inland Marine _
- 12. Homeowners
- 13. Commercial Multi-Peril
- 14. Crop Hail
- 15. Worker's Compensation

\$885,481 (12-31-03

16. Other:

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? No. If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): the Illinois NCCI advisory rates and rating values filed to be effective 1-1-2005

Filing to adopt

- *Adjusted to reflect all prior rate changes.
- **Change in Company's premium level which will result from application of new rates.

IMT Insurance Company (Mutual) Name of Company

SPRINGFIELD, ILLINOIS

Anita Lee, CPCU, ARP, Senior Compliance Analyst, Research & Development Official - Title

Change in Company's premium or rate I	evel produced by rate revision effective	March 1, 2005
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft	18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	
5. Glass		
6. Fidelity		<u> </u>
7. Surety		
8. Boiler and Machinery		
9. Fire		
 Extended Coverage Inland Marine 		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$14,062,196	1.1%
Line of Insurance		
No.	ry (territories) or certain classes? If so,	
Rate filing based on NCCI's approved	ows rates of an advisory organization, sp I advisory loss costs.	Decity organization).
* Adjusted to reflect all prior rate of	anges	
 * Adjusted to reflect all prior rate ch ** Change in Company's premium le 		
result from application of new rate		
result from application of flew rate		The Insurance Company of the
		State of Pennsylvania
		Name of Company
		• •
		Daniel Cozzi - Filings Analyst
		Official - Title
H29219D	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	
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	I ILLIN	ال قال
	SPAINGFIELD. ILLING	
	-	

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate re	vision effective	January 1, 2005	·
	(1)	(2) Annual Premu		(3) Percent
	Coverage	Volume (Illino	is)*	Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			<u> </u>
2.	Automobile			
	Private Passenger			
	Commercial		 -	<u> </u>
3.	Liability Other than Auto			
4.	Burglary and Theft		 -	
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire		_	
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	0	 -	+1.0%
16.	Other			
	Line of Insurance			
Dan	filing only apply to certain territory (territories) or certain	classes? If so spec	rify NO	
Does	ming only apply to certain territory (territories) of certain	ciasses: 11 so, spec	ny <u>110</u>	
Brie	f description of filing (if filing follows rates of an advisory of	organization, specif	y organization) AD	OPTION OF NCCI'S
	1/05 RATES AND RATING VALUES			
	* Adjusted to reflect all prior rate changes.			
	** Change in Company's premium level which will result from	n application of new i	rates.	
		INICITO ANIC	E COMBANIA OE TH	TO SECTION OF
	<u> </u>	INSURANC	E COMPANY OF TH Name of Company	E WEST
			Name of Company	
	and the first of t	Татт	ıy Steinell, Filing Anal	vet
	I Div. Div Or INS. III	1 411111		J36
	STATE OF ILLINO SPA		Official - Title	- -
	STATE OF INSURANCE STATE OF ILLIES IN		Official - Title	
	i		Official - Title	
	JAN 0 1 2005		Official - Title	
	i		Official - Title	

§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/05

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger Commercial		
2. Antomobile Physical Damage Private Passenger		
Commercial 3. Liability Other Than Auto	•	
4. Burglary and Theft 5. Glass	<u> </u>	
6. Fidelity 7. Surety	·	
8. Boiler and Machinery		
9. Fire 0. Extended Coverage		· · · · · · · · · · · · · · · · · · ·
Inland Marine Homeowners		
3. Commercial Multi-Peril 4. Crop Hail	173,645.00	0.1%+
5. Other workers Comp	1/3/043.00	

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

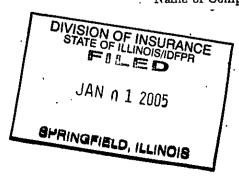
Brief description of filing (If filing follows rates of an advisory organization, specify adopted Ncci 's approved loss costs for Illinois as of 1/1/05 organization): adopted Ncci 's approved loss cost for Illinois as of 1/1/05 from NCCI circ IL-2004-02 and IL-2004-04. We are keeping our same previously a approved loss cost multiplier for lowa American of 1.II.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Iowa American Insurance Company

Name of Company



Post-it* Fax Note	7671	Date 11 / Class
		Date 1/6/05 pages > 3
TO MAIK SMITH		From Det Ma Robert
Co. Daplinois Ins.	D.un.	Co. Lout Menteral
Land Marian	_	563 659-3223
		Fax " 200-627-0378

§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\frac{1}{1}$ 2005

. (1)	(2)	(3)
Coverage	Annual Premium	Percent
COVETAGE	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass6. Fidelity7. Surety		
8. Boiler and Machinery . 9. Fire	· · · · · · · · · · · · · · · · · · ·	
0. Extended Coverage 1. Inland Marine		
2. Homeowners 3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation Life of Insurance	1.014.547.00_	0.19+

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization); adopted Ncci's approved loss costs for Illinois as of 1/1/05 from Ncci Circ IL-2004-02 and Il-2004-04. We are keeping our same previously approved loss cost multiplier for Iowa Mutual of 1.39

*Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.



Iowa Mutual Insurance Company
Name of Company

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	2/1/2005
(1) Coverage	(2) Annual Premium Volum <u>e (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
		
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage		
 Liability Other Than Auto Burglary and Theft 		
5. Glass		
5. Fidelity		
7. Surety		
 Boiler and Machinery Fire 		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other <u>Workers Compensation</u> _	6,039,696.	+0.1%
Line of Insurance		
Brief description of filing, (If filing follows r	territories) or certain classes? If so, specify attest of an advisory organization, specify or with current filed approved company loss	rganization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	nich will result from application of new rates	
		Insurance Corporation Name of Company
	Debra Rothmeyer	State Filings Analyst

IDFPH (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		3/1/2005	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage			
Private Passenger Commercial			
Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8 Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail	6,039,696.	0.6%	
15. Other Workers Compensation Line of Insurance			
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	y:	
Filing to begin using NCCI voluntary	s rates of an advisory organization, specify of advisory rate for Domestic Terrorism, Ear	organization): hthquakes, and Catastrophic Industrial	
*Adjusted to reflect all prior rate change **Change in Company's premium level	es. which will result from application of new rate	es.	
	Liberty	/ Insurance Corporation	
		Name of Company	
	Debra Rothmeyer	State Filings Analyst	
		Onidar – Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

~~Fórm (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate I	evel produced by rate revision	n effective	2/1/2005
(1)	(2) Annual Premium Volu <u>me (Ill</u> inois <u>)</u> *		(3) Percent <u>Change (+ or -)**</u>
<u>Coverage</u>	volume (illinois)		Change (+ OI -/_
1. Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto		<u> </u>	
4. Burglary and Theft5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine		···	
12. Homeowners			
13. Commercial Multi-Peril14. Crop Hail			
15. Other Workers Compensation	76,301,834.		+0.1%
Line of Insurance			
Does filing only apply to certain territory Brief description of filing. (If filing follows Filing to adopt NCCI 1-1-2005 loss cos premium formula.	rates of an advisory organiza	ation, specify org	anization):ost multipliers; and revised minimum
*Adjusted to reflect all prior rate change: **Change in Company's premium level v		Liberty Mutua	I Fire Insurance Company ame of Company
	Dehra R	lothmeyer	State Filings Analyst
5	FILED	ounneyer	Official - Title
\	FEB 0 1 2005		
	PINGEIELD, ILLINOIS		



ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	vel produced by rate revision effective	3/1/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation Line of Insurance	76,301,834.	0.6%
Does filing only apply to certain territory (to Brief description of filing. (If filing follows refiling to begin using NCCI voluntary as Accidents.	ates of an advisory organization, specify o	organization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rate	es. ual Fire Insurance Company
	Debra Rothmeyer	Name of Company State Filings Analyst
	Divicio Sing MAI	Official – Title OF 11 JUNE CE OF 12 JUNE CE OF

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage		
3. Liability Other Than Auto		
Burglary and Theft		
5. Fidelity		
7. Surety		
3. Boiler and Machinery 3. Fire		
9. File 10. Extended Coverage		==OFIVED
10. Extended Coverage 11. Inland Marine		RECEIVED
12. Homeowners		
13. Commercial Multi-Peril	<u> </u>	1AN - 3 2005
14. Crop Hail	1	
15. Other Workers Compensation	17,490,856.	INSTRANCE
Line of Insurance		DIVISION OF INSCRETO
Does filing only apply to certain territory (territor		fy:
Brief description of filing. (If filing follows rates o		
Filing to adopt NCCI 1-1-2005 loss cost with c	<u>urrent filed approved company los</u>	s cost multipliers; and revised minimum
oremium formula.		
'Adjusted to reflect all prior rate changes. '*Change in Company's premium level which w	ill result from application of new rat	res.
	Liberty I	Mutual Insurance Company
		Name of Company
	Debra Rothmeyer	State Filings Analyst
		Official - Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level լ	produced by rate revision effective	3/1/2005
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Data I D		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	<u> 17,490,856.</u>	
Line of Insurance		,
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specif	y:
Brief description of filing. (If filing follows rate: Filing to begin using NCCI voluntary advis Accidents.	ory rate for Domestic Terrorism, Ea	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		es. flutual Insurance Company Name of Company
	Debra Rothmeyer	State Filings Analyst Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective		3/1/2005	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial _ 3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity _			
7. Surety8. Boiler and Machinery			
9. Fire			
10. Extended Coverage 11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	17,490,856.	0.6%	
Line of Insurance	17,490,000.	0.070	
Brief description of filing, (If filing follows a	rates of an advisory organization, specify or dvisory rate for Domestic Terrorism, Eart	ganization):	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wi	hich will result from application of new rates Liberty Mu	Itual Insurance Company Name of Company State Filings Analyst	
		Official – Title	



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	2/1/2005
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
ooverage		<u> </u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
O Fidelia.		
7 Curotu		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	·_	
15. Other Workers Compensation	97,429,359.	+0.1%
Filing to adopt NCCI 1-1-2005 loss cost with premium formula. *Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rat	es.
	1.84	Incurrence Corneration
	LIVI	Insurance Corporation Name of Company
		Name of Gempany
	Debra Rothmeyer	State Filings Analyst
		Official - Title
		DIV/0
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
		OF ILLINOIS/IDFPR
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	IDFPR (MPC) DIVISION OF INSURANCE	
	SPRINGFIELD	

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Ch	ange in Company's premium or rate le	vel produced by rate revision effective	3/1/2005
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.			
3.			
4.	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire .		
	Extended Coverage		
	. Inland Marine		
	. Homeowners		
	. Commercial Multi-Peril		
	. Crop Hail	97,429,359.	0.6%
15	Other Workers Compensation Line of Insurance	97,429,359	0.6%
Do	es filing only apply to certain territory (territories) or certain classes? If so, specif	y:
<u>Fili</u>	ing to begin using NCCI voluntary a	rates of an advisory organization, specify of dvisory rate for Domestic Terrorism, Ea	
*A(djusted to reflect all prior rate changes. Change in Company's premium level w	hich will result from application of new rate	es. Insurance Corporation Name of Company State Filings Analyst
		<u> </u>	Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

	Change in Company's premium or rate	level produced by rate revision effective	February 1, 2005
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft NSUBANCE		
5.	Burglary and Theft Glassian Strate CF ILLINOIS DEPR	 	
6.	1 7 6	1	
7.	Surety Roller and Machinery		
8.	Bolioi and inacimicity		
9.	Fire Extended Spring FIELD, ILLINOI	S	
10.	Extended SpraingeFIELD		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$1,980,472	-5.7%
Does i	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
_Adoj		rates of an advisory organization, specify of as Values, Retrospective Rating Plan Manu	
** C	hange in Company's premium level whesult from application of new rates.		

Lumbermen's Underwriting Alliance
Name of Company

Lisa A. Beeching
Property & Casualty Filing Analyst
Official - Title

ILLINOIS SUMMARY SHEET Form (RF-3)

	(1)	(2)	(3)
	1.7	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
	Automobile Liability		
	Private Passenger		<u> </u>
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		<u> </u>
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	\$4,344,634	0.8%
	Other		
	Line of Insurance		
D	oes filing only apply to certain territory (territorie	es) or certain	
cl	asses? If so, specify: No		<u> </u>
	rief description of filing. (If filing follows rates o	of an advisory	
	rganization, specify organization):		
D	elay adoption of NCCI's Item B-1393 until September	1, 2005	
_		<u> </u>	
_			
_			

- Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Mid-Century Insurance Company

Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

DIVISION OF INSUFANCE STATE OF ILLINOIS OFFR

SEP 0 1 2005

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate	level produced by rate revision effective	e March 1, 2005
(1)	(2)	(3)
()	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$3,758,616	1.1%
Line of Insurance		
Does filing only apply to certain territ	ory (territories) or certain classes? If so	, specify:
No.		
Brief description of filing. (If filing foll	ows rates of an advisory organization, s	specify organization):
Rate filing based on NCCI's approve		
 * Adjusted to reflect all prior rate c 	hanges.	
** Change in Company's premium I		
result from application of new rat	es.	
		National Union Fire Insurance
		Company of Pittsburgh, PA
		Name of Company
		Daniel Carri - Filinga Analyst
		Daniel Cozzi - Filings Analyst
1400010D	HANCE	Official - Title
H29219D	DIVISION OF INSURANCE DIVISION OF ILLINOISIDEPR BE ID O 1 2005	
	DIVISION	1
	3 E-11	1
	1 0 1 2UU3	Λ
	MAIN	
	I ILLINOIS	
	MAR 0 1 2005 SERINGFIELD, ILLINOIS	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	vel produced by rate revision effective	1/1/05
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -</u>)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Worker's Compensation Line of Insurance Does filing only apply to certain territory (t	1,358,829 erritories) or certain classes? If so, specify:	-2.28%
*Adjusted to reflect all prior rate changes.	ates of an advisory organization, specify organization, specify organization, specify organization, specify organization of new rates	er.
Change in Company 3 premium level wi		
		business Insurance Company Name of Company
		varie of company
SPRINGFIELD,	WOF INSURANCE 1 2005	Official Title

Chan	ge in Company's premium or rate	level produced by rate revision effective	March 1, 2005
	(1)	(2)	(3)
	, ,	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2,	Automobile Physical Damage	· · · · · · · · · · · · · · · · · · ·	
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers' Compensation	\$1,845,201	1.1%
	Line of Insurance		
	-	ory (territories) or certain classes? If so, sp	pecify:
No.		- M&	
		ows rates of an advisory organization, spe	
		d advisory loss costs including currently ap	proved 20.0%
dov	vnward deviation.		
	Adjusted to reflect all prior rate ch	anna c	
**	Change in Company's premium I		
	result from application of new rate		
	result from application of flew rati	53.	
		Nov	Hampahira Inguranas Company

New Hampshire Insurance Company
Name of Company

H29219D

Daniel Cozzi - Filings Analyst

Official - Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective NB: 01/01/05 Ren: 01/01/05

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)"
1.	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
	Glass		
	Fidelity		
7-	Surety Boiler and Manhiner		
	Boiler and Machinery Fire		
	Extended Coverage		
11	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation.	\$13,588,631	0,6%
spe	cify: All classes		s) or certain classes? If so,
Bri spe <u>Cat</u>	ef description of filing. (If cify organization): <u>Adoption</u> astrophic Industrial Accidents r	f filing following rate of the NCCI Domestic cate.	s of an advisory organization, Terrorism, Farthquakes, and
		-	
. Ad	ljusted to reflect all prior rat hange in Company's premium leve	e changes. 1 which will result from	application of new rates.
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR LED JAN 0 1 2005	Owners Insurance Company Name of Company
	L	SPRINGFIELD, ILLINOIS	randi Holly, Manager Official - Title

30004 (6-77)

Change in Company's premium or rate level produced by rate revision effective February 1, 2005 New; March 1, 2005 Renewal.

	(1)	(2)	(3)
	Coverage	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		•
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
З.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14.	Crop Hail		
15.	Other <u>Workers Compensatio</u> n Line of Insurance	\$39,501,078	+0.3%
	filing only apply to certain territory (tify: No	cerritories) or certain cl	asses? If so,
	f description of filing. (If filing follonization): Adopt NCCI Rate Revision	ows rates of an advisory o	rganization, specify
	· · · · · · · · · · · · · · · · · · ·		
	justed to reflect all prior rate changes. ange in Company's premium level which will		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

result from application of new rates.

FEB 0 1 2005

SPRINGFIELD, ILLINOIS

PEKIN INSURANCE COMPANY Name of Company

Official - Title

R.M. McGann - Statistical & Pricing Analyst,

Assistant Secretary

	Change in Company's premium or rate lev	vel produced by rate revision effective	March 1, 2005 New May 1, 2005 Renewal
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14. 15.	Crop Hail Other Workers Compensation	\$1,031,714	-1.0%
13.	Line of Insurance	\$1,031,714	-1.070
Does f	filing only apply to certain territory (territo	ories) or certain classes? If so, specify:	
Brief o	description of filing. (If filing follows rate	es of an advisory organization, specify o	ss cost multiplier
			OF INSURANCE
* A	djusted to reflect all prior rate changes.		STAIL
	hange in Company's premium level which sult from application of new rates.	will	i::IAR 0 1 2005
		B 12.00	SPRINGFIELD, ILLINOIS
			s insurance company
		N	ame of Company

Tracy Yokimishyn - Actuarial Assistant
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revis ion el	VISION OF INSURANCE2-1 2005
(1)	(2) Annual Premium	STATE OF ILLINOIS/IDFPR (3) Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	FEB 0 1 2005 Chang (+ or -)**
Automobile Liability Private		•
Passenger Commercial		SPRINGFIELD, ILLINOIS
Automobile Physical Damage	<u> </u>	Grillion (BEE)
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	1,810,404	-2.7%
Line of Insurance		
Does filing only apply to certain territory (to Brief description of filing. (If filing follows r Cost Revisions - announced in Circular IL-	ates of an advisory organization	so, specify: All classes on, specify organization): Adoption of NCCI Loss
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh		of new rates. Charmacists Mutual Insurance Company Name of Company Lori Stokes - State Filings Analyst Official - Title
		55.E. 1.05

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			January 1, 2005	
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois)*	Change (+ or -)**	
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft		- · · · · -	
5.	Glass		· · · · · · · · · · · · · · · · · · ·	
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery		<u> </u>	
9.	Fire			
10.	Extended Coverage	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
11.	Inland Marine	FILED		
12.	Homeowners			
13.	Commercial Multi-Peril	JAN 0 1 2005	**************************************	
14.	Crop Hail			
15.	Workers Compensation	162,827	0.2%	
16.	Other	SPRINGFIELD, ILLINOIS		
	Line of Insurance			
Does	filing only apply to certain territory (territories	or certain classes? If so, specify	No.	
Delet	description of filling (if filling follows rates of an		Adoption of NCOL annual	
	description of filing (if filing follows rates of an		Adoption of NCCI approved	
		ating values per NCCI Circular IL-2004-		
		Ivisory Rates, Loss Costs and Rating V		
Hea	uction of the currently approved +50.	0% upward deviation to a loss cost mo	dification of 1.450.	
*	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level whic	h will result from application of new rates		
	Changes in Company's promiting to ter write	it will result from application of new rates.		
		Phoenix Insurance Comp		
		Name	of Company	
		1.,		
		Qui Hell	2nd Vice President	
			icial - Title	
		Oil	renar 190	

WC-IL-7

SUMMARY SHEET

,	Change in Company's premium or rat	e level produced by rate revision effective	1/1/05
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	-	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14. 15.	Crop Hail Workers Compensation	\$230,213	+0.1%
16.	Other	\$230,213	+0.176
10.	Line of Insurance		
Does 1	filing only apply to certain territory (to	erritories) or certain classes? If so, specify	:
Brief (Adopt	description of filing. (If filing follows	rates of an advisory organization, specify enced in NCCI circular IL-2004-05 effecti	OTVISION OF INSURANCE OTSETTATION OF INSURANCE
	djusted to reflect all prior rate change hange in Company's premium level w		JAN 0 1 2005
	sult from application of new rates.		SPRINGFIELD, ILLINOIS
		Prote	ctive Insurance Company
			Name of Company
			e L. Jefferson, ARC
		Comp	pliance Analyst
			Official – Title

FORM RF-3

Chan	ge in Company's premium o	or rate level produced by rate revis	sion effe	ctive	January 1	, 2005
	(1) Coverage			(2) Annual Premium /olume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial			·	_	
2.	Automobile Physical Dam Private Passenger Commercial	age				
3.	Liability Other Than Auto					
4.	Burglary and Theft					
5.	Glass					<u> </u>
6.	Fidelity					
7.	Surety	DIVISION OF INSURAN	CF			
8.	Boiler and Machinery	DIVISION OF INSURAN	ĭ			
9.	Fire	FILED			_	
10.	Extended Coverage					
11.	Inland Marine	JAN 0 1 2005			_	
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail	SPRINGFIELD, ILLINO	IS _		_	
15.	Workers Compensation			210,17	9	0.4%
16.	Other			• • •		
	Line of Insu	urance				
Does	filing only apply to certain te	rritory (territories) or certain class	es? If s	o, specify	No.	
Worl	kers Compensation los	ollows rates of an advisory organizes costs and rating values pery Market - Advisory Rates,	er NC	CI Circular IL-200	4-05 dated De	
*	Adjusted to reflect all prior Changes in Company's pre	rate changes emium level which will result from	applica	tion of new rates.		
			NIPP	ONKOA Insuranc	e Company	
					me of Company	
			2	Lety ju	/	2nd Vice President
			70		Official - Title	

SUMMARY SHEET

(hange in (Company's premium or rat	e level produced by rate revision effective	January 1, 2005
	_	(1)	(2) Amual Premium	(3) Percent
		Сочетаде	Volume (Illingis)*	<u>Change (+ or -)**</u>
1.	Private	bile Liability Passenger		
2.	Private	bile Physical Damage Passenger		
_	Comme			
3.		Other Than Auto		
4.		and Theft		
5 .	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler a	nd Machinery		
9.	Fire			
10.	Extende	d Coverage		
11.	Inland M	larine		
12.	Homeov	vners		
13.	Comme	rcial Multi-Peril		
14.	Crop Ha	iil		
15.	Other	Work Comp	7,638,270	+0.6%
		Line of Insurance		
Does f	iling only a	apply to certain territory (territories) or certain classes? If so, specify:	
This fi	ling propo	of filing. (If filing follow ses to adopt the approved ustrial Accidents.	rs rates of an advisory organization, specify of NCCI miscellaneous values for Domestic To	organization): errorism, Earthquakes, and

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Royal Indemnity Company
Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

Steve McAllister -Product Support Supervisor Official - Title

SUMMARY SHEET

		(1)	(2) Annual Premium	(3) Percent
	<u> </u>	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automob	ile Liability		
	Private !	Passenger		
	Comme	rcial		
2.	Automob	ile Physical Damage		
		Passenger		
	Comme			
3.		Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler an	id Machinery		
9.	Fire			
lO.	Extended	l Coverage		
11.	Inland M	larine		
12.	Homeow	mers		
L3.	Commerc	cial Multi-Peril		
14.	Crop Hai	il		
15.	Other	Work Comp	7,733,923	+0.6%
		Line of Insurance		
			A The second the	
	iling only a	pply to certain territory	(territories) or certain classes? It so, specify:	
No_				
No_	<u>.</u>		(territories) or certain classes? If so, specify:	,

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Royal Insurance Company of America

Name of Company

Steve McAllister -Product Support Supervisor

Official - Title

SUMMARY SHEET

		(1)	(2) Annual Pr e mium	(3) Percent
		<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		oile Liability		
		Passenger		
_	Comme			
2.		pile Physical Damage		
	Comme	Passenger		
3.		Other Than Auto		
3. 4.		and Theft		
5.	Glass	MIO A HOLL		
6.	Fidelity			
7.	Surety			
8.	_	nd Machinery		
9.	Fire			-
10.	Extende	d Coverage		
l 1.	Inland M	larine		
12.	Homeov			
13.	Commer	cial Multi-Peril		
14.	Стор На			
15.	Other	Work Comp	166,086	+0.6%
		Line of Insurance		
	.,		(territories) or certain classes? If so, specify:	
ioes i No	iliuā oura s	apply to certain territory	(territories) of certain classes. It so, speens,	
			····	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

Safeguard Insurance Company Name of Company

Steve McAllister -Product Support Supervisor Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	January 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Comp.	\$200,000 estimated	+0.1%
Line of Insurance		
5 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	This filing applies to all classes.
Brief description of filing (If filing follows	rates of an advisory organization, specify or	ganization): Adoption of NCCI
	, 2005, revision of expense constant and mi	
of clarifying DTEC rule for LD policies.	2000, Totalon of expense constant and the	niman premian formula and ming
<u> </u>		
*Adjusted to reflect all prior rate changes		
	hich will result from application of new rates	
		•
	Safety Fi	rst Insurance Company
		Name of Company
	Marilyn Tinnell,	CPCU Compliance Manager
		Official - Title

DIVISION OF INSUR.

STATE OF ILLINOIS/IDEPR

JAN 01 2005

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)		January 1, 2005
	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	#700 000 11 1 1	
15. Other Workers' Comp.	\$700,000 estimated	+0.1%
	. (
Voluntary Rate Filing effective January 1, and minimum premium formula and filing		ganization): Adoption of NCCI viation, revision of expense constant
Voluntary Rate Filing effective January 1, and minimum premium formula and filing *Adjusted to reflect all prior rate changes	2005, renewal of current company rate devoleted of clarifying DTEC rule for LD policies.	viation, revision of expense constant
Voluntary Rate Filing effective January 1, and minimum premium formula and filing *Adjusted to reflect all prior rate changes	2005, renewal of current company rate developed of clarifying DTEC rule for LD policies. hich will result from application of new rates Safety Nati	viation, revision of expense constant . constant
Voluntary Rate Filing effective January 1, and minimum premium formula and filing *Adjusted to reflect all prior rate changes	2005, renewal of current company rate developed of clarifying DTEC rule for LD policies. hich will result from application of new rates Safety Nati	viation, revision of expense constant
Voluntary Rate Filing effective January 1, and minimum premium formula and filing *Adjusted to reflect all prior rate changes	2005, renewal of current company rate devor of clarifying DTEC rule for LD policies. hich will result from application of new rates Safety Nation	viation, revision of expense constant onal Casualty Corporation Name of Company
Voluntary Rate Filing effective January 1, and minimum premium formula and filing *Adjusted to reflect all prior rate changes	2005, renewal of current company rate devor of clarifying DTEC rule for LD policies. hich will result from application of new rates Safety Nation	viation, revision of expense constant . constant

SUMMARY SHEET

		(1)	(2) Annual Premium	(3) Percent
	:	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		ile Liability	`	
		Passenger		
	Comme			
		ile Physical Damage		
		Passenger		
	Comme			
).	-	Other Than Auto		
ļ.		and Theft		
5.	Glass			
6. 7.	Fidelity		<u></u>	
-	Surety	d Mashimam.		
3.).		d Machinery		
/.).	Fire	l Coverage		
L	Inland M	_		
	Homeow			
<u>2.</u> 3.		cial Multi-Peril		
J. 4.	Crop Hai			
4. 5.	Other	Work Comp	7,746,401	+0.6%
•	Quici	Line of Insurance		
es f	iling only a	pply to certain territory	(territories) or certain classes? If so, specify:	
Q				

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

Security Insurance Company of Hartford

Name of Company

Steve McAllister -

Product Support Supervisor Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FILED Form (RF-3) SUMMARY SHEET JAN 0 1 2005 Change in Company's premium or rate level produced by rate revision effective January 1, 2005 SPHINGFIELD, ILLINOIS (2) (3) (1) Annual Premium Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability 1. Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 3. 4. Burglary and Theft 5. Glass Fidelity 6. 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage Inland Marine 11. 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail \$13,250,000 +0.1% 15. Other Worker's Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI advisory rates effective 1/1/05.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

20¢1	ety	ınsur	ance

Name of Company

Chad Thurn - Staff Underwriter
Official - Title

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revis	sion effective	January 1, 2	2005
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability			
	Private Passenger Commercial		-	
2.	Automobile Physical Damage		-	
۷.	Private Passenger		<u> </u>	
	Commercial		_	
3.	Liability Other Than Auto		_	
4.	Burglary and There DIVISION OF INSURANCE Glass Fidelity	 	-	
5.	Glass	+	-	
6. 7		+	_	
7. 8.	Surety Boiler and Machinery JAN 0 1 2005	+	-	
9.	Fire		-	
10.	Extended Coverage Inland Marine SPRINGPIELD, ILLINOIS		-	
11.	Inland Marine SPRINGPIELD, MEINS		-	
12.	Homeowners		-	
13.	Commercial Multi-Peril		-	
14.	Crop Hail		_	
15.	Workers Compensation	48,759,657	<u>-</u>	-1.8%
16.	Other		_	
	Line of Insurance		-	
Does	filing only apply to certain territory (territories) or certain class	ses? If so, specify	No.	
Brief	description of filing (if filing follows rates of an advisory organ	nization, specify organization)		NCCI approved
Wor	kers Compensation loss costs and rating values p	per NCCI Circular IL-2004-	os dated De	cember 21, 2004
and	titled "Illinois - Voluntary Market - Advisory Rates	s, Loss Costs and Hating v	alues Effecti	ve January 1, 2005
Red	uction in the loss cost multiplier from 2.079 to 1.9	93.		
*	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level which will result from	n application of new rates.		
		St. Paul Fire & Marine In	surance Con	npany
			e of Company	- ' / -
		Bringlefla	_	
		12 12 12 12 12 12 12 12 12 12 12 12 12 1	-	2nd Vice President

Official - Title

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Chang	ge in Company's premium or rate level produced by rate revisi	on effective	January 1, 2005
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4. 5. 6. 7.	Burglary and Theft Glass Fidelity Surety Boiler and Machinery		
9. 10. 11. 12.	Fire JAN 0 1 2005 Extended Coverage Inland Marine Homeowners Commercial Municipality SPRINGFIELD, ILLINOIS		
14. 15. 16.	Crop Hail Workers Compensation Other Line of Insurance	3,071,106	-5.0%
Does	filing only apply to certain territory (territories) or certain class	es? If so, specify	No.
Worl	description of filing (if filing follows rates of an advisory organiz kers Compensation loss costs and rating values po titled "Illinois - Voluntary Market - Advisory Rates, uction in the loss cost multiplier from 1.455 to 1.39	er NCCI Circular IL-2004- Loss Costs and Rating V	Adoption of NCCI approved 05 dated December 21, 2004 alues Effective January 1, 2005"
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	application of new rates.	
		St. Paul Guardian Insura	nce Company of Company
		Buight	2nd Vice President

WC-IL-7

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium c	or rate level produced by rate revis	sion effective	January 1, 2005	
	(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3 Perc Change (-	ent
1.	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Dam Private Passenger Commercial	DIVISION OF INSURAN	ÇE		
3. 4.	Liability Other Than Auto Burglary and Theft				
5. 6.	Glass Fidelity	JAN 0 1 2005			
7. 8. 9.	Surety Boiler and Machinery	SPRINGFIELD, ILLING)(8		
9. 10. 11.	Fire Extended Coverage Inland Marine				
12. 13.	Homeowners Commercial Multi-Peril				
14. 15. 16.	Crop Hail Workers Compensation Other		11,447,471		-4.9%
10.	Line of Ins	urance			
Does	filing only apply to certain to	erritory (territories) or certain class	ses? If so, specify	No.	
Worl	kers Compensation los	ollows rates of an advisory organies costs and rating values pary Market - Advisory Rates	er NCCI Circular IL-2004	Adoption of NCCI appro 05 dated December 21, 2	2004
		multiplier from 1.767 to 1.69			<u>, =000</u>
*	Adjusted to reflect all prior		-		
			St. Paul Mercury Insurar		
			Nam	e of Company	
			15 WALL	2nd Vice Pr	esident

WC-IL-7

FORM RF-3

Chan	ge in Company's premiun	or rate level produced by rate revis	sion effective	January 1, 2005	
	(1) Coverag	ө	(2) Annual Premium Volume (Illinois)*	CH	(3) Percent nange (+ or -)**
1.	Automobile Liability Private Passenger Commercial Automobile Physical Da	mage			
3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Private Passenger Commercial Liability Other Than Aprt Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPER DELLE DO JAN 0 1 2005 SPRINGFIELD, ILLINO			2.7%
	Line of Ir	surance territory (territories) or certain class	ses? If so, specify	No.	
Worl	kers Compensation k	follows rates of an advisory organi- oss costs and rating values p tary Market - Advisory Rates, multiplier from 2.079 to 1.99	er NCCI Circular IL-2004, Loss Costs and Rating \		21, 2004
*	Adjusted to reflect all pri Changes in Company's	or rate changes premium level which will result from	application of new rates.		
			St. Paul Protective Insur	ance Company e of Company	
			Buig Hell		ice President

WC-IL-7

Printing 08/95

Official - Title

Change in Company's premium or rate level produced by rate revision effective February 1, 2005

	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
 _	voidile (IIIIIIOIB)	change (+ or ,
1. Automobile Liability		
Private Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	21,005,207	-2.8%
Line of Insurance		
Does filing only apply to certain If so, specify: - No -	territory (territories)or	certain classes?
Brief description of filing. (If organization)	n): Adopt the 1/1/2005 NO	
	n): Adopt the 1/1/2005 No attachment.	CCI advisory rates with
organization, specify organization	n): Adopt the 1/1/2005 No attachment.	CCI advisory rates with
organization, specify organization	n): Adopt the 1/1/2005 No attachment.	ON OF INSURANCE
organization, specify organization class deviations as listed on the	n): Adopt the 1/1/2005 No attachment. DIVISI STATE	CCI advisory rates with
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior	n): Adopt the 1/1/2005 No attachment. DIVISI STATE Changes.	ON OF INSURANCE E OF ILLINOIS/IDEPPR
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior	n): Adopt the 1/1/2005 No attachment. DIVISI STATE Changes. vel which will	ON OF INSURANCE
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior : ** Change in Company's premium lev	n): Adopt the 1/1/2005 No attachment. DIVISI STATE Changes. vel which will	ON OF INSURANCE E OF ILLINOIS/IDEPPR
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior : ** Change in Company's premium lev	attachment. DIVISIONATE Trate changes. vel which will rates.	ON OF INSURANCE E OF ILLINOISHDEPR FEB 0 1 2005
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior : ** Change in Company's premium lev	attachment. DIVISIONATE Trate changes. vel which will rates.	ON OF INSURANCE E OF ILLINOISHDEPR FEB 0 1 2005
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior the change in Company's premium leterals.	attachment. DIVISIONATE Trate changes. vel which will rates.	ON OF INSURANCE E OF ILLINOISHDEPR FEB 0 1 2005
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior the change in Company's premium leterals.	n): Adopt the 1/1/2005 No attachment. DIVISI STATE Changes. vel which will	ON OF INSURANCE E OF ILLINOISHDEPR FEB 0 1 2005
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior the change in Company's premium leterals.	attachment. DIVISIONATE Trate changes. vel which will rates.	ON OF INSURANCE E OF ILLINOISHDEPR FEB 0 1 2005
organization, specify organization class deviations as listed on the * Adjusted to reflect all prior the change in Company's premium leterals.	attachment. DIVISIONATE Trate changes. vel which will rates.	ON OF INSURANCE E OF ILLINOISHDEPR FEB 0 1 2005
* Adjusted to reflect all prior result from application of new	attachment. DIVISIONAL rate changes. vel which will rates. Sentry Insurance A Mill Name of Company	ON OF INSURANCE E OF ILLINOISHDEPR FEB 0 1 2005

Change in Company's premium or rate level produced by rate revision effective February 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)	Percent Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger 		
Commercial		
3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine		····
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers' Compensation	7,157,	695 +3.5%
Line of Insurance	7,157,	+3.36
Does filing only apply to certain If so, specify: - No -	territory (territor	ries)or certain classes?
Brief description of filing. (If organization, specify organization		
class deviations as listed on the	attachment.	
		DIVISION OF INSURANCE
-		FILED
* Adjusted to reflect all prior r ** Change in Company's premium lev	vel which will	FEB 0 1 2005
result from application of new	races.	SPRINGFIELD, ILLINOIS
Sentry	Select Insurance C	ompany - Dealer Operations
		Company
J		r. Product Specialist
H29219D	Official	l - Title

SUMMARY SHEET

Change in Company's pre revision effective	mium or rate level produ 3/1/05	uced by rate —•
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
l. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Dama Private Passenger Commercial	ge	
3. Liability Other Than Aut	0	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
O. Extended Coverage		
l. Inland Marine		
2. Homeowners 3. Commercial Multi-Peril		
		
4. Crop Hail 5. Other Workers Comp	7.00 277	+0.1%
5. Other <u>Worklys omo</u> Line of Insurance	- 600,272	
Does filing only apply to cerclasses? If so, specify: _/		ories) or certain
Brief description of filing. organization, specify organization	(If filing follows rat	·
adaption of NCCIA	Pates in 12-04-05	STATE OF ILLINOISHIPER
cating rule revision	15 a/So	FILED
		MAR 0 1 2005
* Adjusted to reflect all p: ** Change in Company's premit result from application of	um level which will	SPRINGFIELD, ILLINOIS
	Sa	nps Japan/15(0

4292190

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1) Annual Premium Coverage Volume (Illinois)* Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire 0. Extended Coverage 1. Inland Marine	(3) Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage	Change (+ or -)**
Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage	
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage	
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage	
Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage	
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage	
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage	
Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage	
Fidelity Surety Boiler and Machinery Fire D. Extended Coverage	
Surety Boiler and Machinery Fire D. Extended Coverage	
Boiler and Machinery Fire D. Extended Coverage	
Fire	
D. Extended Coverage	
1 Inland Marina	
ı. Illianu iylalınç	
2. Homeowners 3. Commercial Multi-Peril	
4. Crop Hail	+2. 3%
5. Other Workers Compensation \$2,221,871	±∠. 3½
Life of insurance	
oes filing only apply to certain territory (territories) or certain classes? If so, specify:	
e below	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2005

SPRINGFIELD, ILLINOIS

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		_
Private Passenger	0	0
Commercial	0	0
2. Automobile Physical Damage	_	_
Private Passenger	0	0
Commercial	0	0
3. Liability Other than Auto	0	0
l. Burglary and Theft	0	0
5. Glass	0	0
5. Fidelity	0	0
7. Surety	0	0
Boiler and Machinery	0	0
). Fire	0	0
. Extended Coverage	0	0
Inland Marine	0	0
2. Homeowners	0	0
B. Commercial Multi-Peril	0	0
l. Crop Hail	0	0
5. Workers Compensation	6,509,485	+ 0.1%
. Other	0	0
Line of Insurance		
	or certain classes? If so, specify No _	ation) Following National
Line of Insurance pes filing only apply to certain territory (territories) ief description of filing (if filing follows rates of an	advisory organization, specify organization of new rates.	ation) Following National e exceptions as detailed
Line of Insurance pes filing only apply to certain territory (territories) ief description of filing (if filing follows rates of an Compensation Insurance rates per approval cirmiscellaneous values page. * Adjusted to reflect all prior rate changes.	advisory organization, specify organization of new rates.	ation) Following National
Line of Insurance pes filing only apply to certain territory (territories) rief description of filing (if filing follows rates of an Compensation Insurance rates per approval cirmiscellaneous values page. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will DIVISIONSTATE.	advisory organization, specify organization of new rates.	ation) Following National e exceptions as detailed of logy Insurance Company Name of Company ted by: J. Shoenfelt, ACA elt Consulting, Inc.

\\182.168.0.4\cc\ANA\L - Tech - 2005-01-01 - RateAdopt\RF3 L_Summary_Sheet.rtf

Change in Company's premium or rate level produced by rate revision effective $\frac{3-1-05}{}$.

(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	+ \$2,255.09	+0.1%
& Employers Liability	, 4-,-00.02	,0.10
Line of Insurance		
Brief description of filing. (If organization	filing follows rates of a	n advisory
organizacion, specify organizacion	i): Adopting the NCC1 1-1	L-U5 rates.
		NOT.
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rates.	MAR 0 1 2005
TRA	NSGUARD INSURANCE COMPANY	OPPAMERT CA-D. INCINOIS
	Name of Compa	ny
	raldo, Harrison	- Compliance Analyst
	Official - Tit	le

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revi	sion effective	January 1, 2005
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		*
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinen DIVISION OF INSURANCE Fire STATE OF ILLINOIS/IDFPR		
9.	Fire STATE OF ILLINOIS/IDFPR		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners JAN 0 1 2005		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensatio PRINGFIELD, ILLINOIS	5,239,359	2.9%
16.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (territories) or certain class	ses? If so, specify	No.
Wor	description of filing (if filing follows rates of an advisory organi kers Compensation loss costs and rating values p	er NCCI Circular IL-2004-	
	titled "Illinois - Voluntary Market - Advisory Rates	_::	
Red	uction of the currently approved +30.0% upward of	deviation to a loss cost mo	dification of 1.250.
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	a application of new rates	
	Annual Grant Grant Land A chicara and a chic	- to be a second of the second of	
		Travelers Casualty & Su	
		Name	of Company

WC-IL-7

Printing 08/95

2nd Vice President

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate rev	vision effective	January 1,	2005
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	·	_	
2.	Automobile Physical Damage Private Passenger Commercial		- - -	
3. 4. 5. 6.	Liability Other Than Auto Burglary and Theft Glass Fidelity ON OF INSURANCE		- -	
7. 8. 9.	Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Glass Fidelity SURANCE FINSURANCE FINSURANC		- 	
10. 11. 12. 13.	Inland Marine Homeowners Commercial Multi-Peril SPRINGFIELD, ILLINOIS		- - -	
14. 15. 16.	Crop Hail Workers Compensation Other Line of Insurance	90,871,273	- - -	2.6%
Does	filing only apply to certain territory (territories) or certain clas	ases? If so, specify	No.	
Worl	description of filing (if filing follows rates of an advisory organ kers Compensation loss costs and rating values titled "Illinois - Voluntary Market - Advisory Rates action of the currently approved +20.0% upward	per NCCI Circular IL-2004- s, Loss Costs and Rating V	05 dated De alues Effecti	ve January 1, 2005"
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from		··· , 1899	
		Travelers Indemnity Con	npany e of Company	
		Beitell	· · ·	2nd Vice President
		Ur	ficial - Title	

WC-IL-7

Printing 08/95

FORM RF-3

Chan	ge in Company's premium c	r rate level produced by rate revis	sion effective	January 1, 2005
	(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Dam Private Passenger Commercial	age		
3. 4.	Liability Other Than Auto Burglary and Theft			
5. 6. 7.	Glass Fidelity Surety	DIVISION OF INSURAN STATE OF ILLINOIS/IDFF	VCE	
8. 9.	Boiler and Machinery Fire	JAN 0 1 2005		
10. 11. 12.	Extended Coverage Inland Marine Homeowners	springfield, illin	018	
13. 14. 15.	Commercial Multi-Peril Crop Hail Workers Compensation		5,774,667	-2.3%
16.	Other Line of Insu	Irance	3,774,007	-2.3%
Does	filing only apply to certain te	rritory (territories) or certain classo	es? If so, specify	No.
Work and t	ters Compensation los itled "Illinois - Volunta		er NCCI Circular IL-2004- Loss Costs and Rating V	Adoption of NCCI approved 05 dated December 21, 2004 alues Effective January 1, 2005"
*	Adjusted to reflect all prior		-	
			Travelers Indemnity Com	pany of America
			Buight-	•

Official - Title

FORM RF-3

Change	in Company's premium or rate level produced	d by rate revision effective	January 1, 2005
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
4. B 5. G 6. F 7. S 8. B 9. F 10. E 11. Ir 12. H 13. C 14. C	Burglary and Theft Blass Fidelity Burety Boiler and Machinery JA	I OF INSURANCE DF ILLINOIS/IDFPR AN 0 1 2005 IGPIELD, ILLINOIS 5,714,786	4.7%
16. 0	Line of Insurance		No.
Brief des Worker and title Adoptio	scription of filing (if filing follows rates of an ad rs Compensation loss costs and ratin	lvisory organization, specify organization) ng values per NCCI Circular IL-2004- sory Rates, Loss Costs and Rating V 0.	Adoption of NCCI approved 05 dated December 21, 2004

Travelers Indemnity Company of Connecticut

Name of Company

2nd Vice President

FORM RF-3

Chang	ge in Company's premium or rate level produced by	rate revision effective	January 1, 2005
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger		
3.	Liability Other Than Auto	URANCE SUDFPR	
4. 5.	Burglary and Theft Glass DIVISION OF ILLINO!		
5. 6.	Fidelity		
7.	Surety Boiler and Machinery	5002	
8.	Boiler and Machinery		
9.	Fire Extended Coverage Inland Marine SPRINGFIEL	WOID T	· · · · · · · · · · · · · · · · · · ·
10.	Extended Coverage	D. Habilitation	
11.	Inland Marine SPRINGFILL		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	36,368,451	2.2%
16.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (territories) or cer	tain classes? If so, specify	No.
Work	description of filing (if filing follows rates of an adviso kers Compensation loss costs and rating v titled "Illinois - Voluntary Market - Advisory	alues per NCCI Circular IL-2004-	Adoption of NCCI approved 05 dated December 21, 2004 alues Effective January 1, 2005"
Ador	ot a loss cost modification of 0.950.		
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will re	esult from application of new rates.	
		Travelers Property Casua	alty Company of America
			of Company

ILLINOIS SUMMARY SHEET Form (RF-3)

Annual Premiun Volume (Illinois)		(3) Percent Change (+ or -)
Volume (Illinois)		
\$17,179,211		0.8%
) or certain		
		
) (or certain	or certain

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of TRSUMANCE DIVISION OF TRSUMANCE STATE OF ILLINOIS/IDFPR

SEP 0 1 2005

SPRINGFIELD, ILLINOIS

Truck Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

FORM RF-3

LOB:	- Workers Compensation		
Change in Company's premium or rate k	evel produced by rate revision effective	February 1,	2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)</u>)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril			
14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance	6,326,803	2.5%	
Brief description of filing. (If filing follows rat	ritories) or certain classes? If so, specify N/A es of an advisory organization, specify organi NCCI circular IL-2004-05 using our new lo	ization):	.799.
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level wh	iich will result from application of new rates.		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
	Universal Underwriters Insu Name of Compa		FEB 0 1 2005 SPRINGFIELD, ILLINOIS
	Terri L. Smith - Governmental		
	Official - Title		

FORM RF-3

(1) Coverage	(2) Annual Premium	(3) Percent
	Volume (Illinois)*	Change (+ or –)**
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial	TOANCE	
3. Liability Other than Auto	OUN PPR	
Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity	i O	
5. Glass STATE		
6. Fidelity	-205	
6. Fidelity 7. Surety 8. Boiler and Machinery JAN 0	5002	
8. Boiler and Machinery		
9. Fire	7	· · · · · · · · · · · · · · · · · · ·
10. Extended Coverage	D, ILLINOIS	
11. Inland Marine	-U, 14	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,883,600	-3.17
16. Other		
Line of Insurance		
Ente of modulation		
		,
oes filing only apply to certain territory (territorio	s) or certain classes? If so, specify $\frac{n}{2}$	/ á
	<u> </u>	
rief description of filing (if filing follows rates of	n advisory organization, specify organiza	ation) Adoption of NC
tes, effective 1/1/2005	in advisory organization, speemy organiza	
000, 011000140 1,1/2009		

	Vanliner	Insurance	Company	
	Name of Co	mpany	•	
Tina	Kampwarth	Complis	nce Coord	ŀ

Kampwerth
Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

FORM RF-3

Coverage Annual Premium Percent Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Line of Insurance ses filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) 4. Adjusted to reflect all prior rate changes.		(1)	(2)
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 6. Crop Hail 7. Workers Compensation 7. Other Line of Insurance Line		C	Annual Premium Percent
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other 16. Line of Insurance 17. Line of Insurance 18. Inland Marine 19. Fire 19. Extended Coverage 20. Extended Coverage 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other 6. Line of Insurance 6. Adjusted to reflect all prior rate changes. 6. Change in Company's premium level which will result from application of new rates.		Coverage	Volume (Illinois)* Change (+ or -)**
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 1. Crop Hail 1. Crop Hail 1. Workers Compensation 1. Other Line of Insurance Line of Insurance ses filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) 4. Adjusted to reflect all prior rate changes. 4. Change in Company's premium level which will result from application of new rates.	1.		
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 8. Crop Hail 9. Workers Compensation 1. United of Insurance 1. Line of In			
Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance The of Insurance The of Insurance The of Insurance (if filing follows rates of an advisory organization, specify organization) 15. Adjusted to reflect all prior rate changes. 16. Change in Company's premium level which will result from application of new rates.	2		
Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other 16. Line of Insurance 17. Line of Insurance 18. Inland Marine 19. Workers Compensation 19. Other 19. Line of Insurance 19. Adjusted to reflect all prior rate changes. 10. Change in Company's premium level which will result from application of new rates.	۷.		
3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1. Inland Marine 1. Homeowners 1. Crop Hail 1. Crop Hail 1. Crop Hail 1. Workers Compensation 1. Other 1. Line of Insurance 1.			
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Line of Insurance 9. Commercial Multi-Peril 9. Crop Hail 9. Workers Compensation 9. Other 1. Line of Insurance	3.		
So. Glass So. Fidelity Control of State of Links of State	_		
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 9. Homeowners 1. Crop Hail 1. Crop Hail 1. Workers Compensation 1. Other 1. Line of Insurance 1. Line of I	5.	<u> </u>	
D. Fire D. Extended Coverage D. Inland Marine D. Homeowners D. Commercial Multi-Peril D. Crop Hail D. Workers Compensation D. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify Def description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	6.	Fidelity	OF INSURANCE
D. Fire D. Extended Coverage D. Inland Marine D. Homeowners D. Commercial Multi-Peril D. Crop Hail D. Workers Compensation D. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify Def description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	7.	Surety DIVISION	FILLINOIS/IDEE
2. Fire 2. Extended Coverage 3. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance ses filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) 4. Adjusted to reflect all prior rate changes. 4. Change in Company's premium level which will result from application of new rates.	8.		
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Cither Line of Insurance Ses filing only apply to certain territory (territories) or certain classes? If so, specify set description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	9.	Fire	01 0 1 2005
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Cther Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	0.	Extended Coverage	The Assessment of the Assessme
Crop Hail Workers Compensation Cther Line of Insurance Es filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	l.		Blown
Crop Hail Workers Compensation Cther Line of Insurance Es filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	2.	Homeowners	NGFIELD, ILLINOIS
Other	3,	Commercial Multi-Peril	
Other	1.	Crop Hail	
Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	5.	-	166,669,962
Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	i.		
ef description of filing (if filing follows rates of an advisory organization, specify organization) Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.			
Change in Company's premium level which will result from application of new rates.			
* Change in Company's premium level which will result from application of new rates.			
Vice PRESIDENT Name of Company			
Name of Company		description of filing (if filing follows rate Adjusted to reflect all prior rate changes.	es of an advisory organization, specify organization)
1/18inia	ef d	description of filing (if filing follows rate Adjusted to reflect all prior rate changes. Change in Company's premium level which	es of an advisory organization, specify organization)
\ 1 1 X X X X X X X X	ef d	description of filing (if filing follows rate Adjusted to reflect all prior rate changes. Change in Company's premium level which	es of an advisory organization, specify organization)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1/1/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
7. Surety		
8. Boiler and Machinery		
13. Commercial Multi-Peril		
14. Crop Hail	500.004	40.00/
15. Other Workers' Compensation Line of Insurance	560,391	<u>-16.6%</u>
Line of historatice		
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specif	·v:
	,, - , - ,	
Brief description of filing. (If filing follows rate	s of an advisory organization, specify	organization):
Filing to adopt NCCI 1-1-2005 advisory rates	with no company deviation.	
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rate	es.
	M 5	
	Wausau B	usiness Insurance Company Name of Company
		тапе от Сопрапу
	Debra Rothmeyer	State Filings Analyst
	<u>Bobia Rounneyer</u>	Official – Title



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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

ا Change in Company's premium or rate level	produced by rate revision effective	1/1/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
A Literature Control The Control		
4 Duralani and Thaff		
Cloop		
5. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	43,535.	-9.9%
Line of Insurance		
Does filing only apply to certain territory (terri	s of an advisory organization, specify or	rganization):
Filing to adopt NCCI 1-1-2005 advisory rates	with a -10% company deviation.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates	3 .
	Wausau Ge	eneral Insurance Company
		Name of Company
		• •
	Debra Rothmeyer	State Filings Analyst
	··· 	Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1/1/2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial 3. Liability Other Than Auto		
4. Burglary and Theft		
E Clone		
e Eidolitu		
7 Curoty		
O Dailes and Marchinen.		
9. Fire		
10. Extended Coverage		
14. Crop Hail 15. Other Workers' Compensat <u>ion</u>	10,612,848.	-3.6%
Line of Insurance	10,012,040.	0.076
Does filing only apply to certain territory (terri	itories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows rate Filing to adopt NCCI 1-1-2005 advisory rates		ganization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new retes	
Change in Company's premium level which	i wiii resuit iroin application of new rates	•
	Wausau Unde	erwriters Insurance Company
		Name of Company
	Dahwa Bathur	Chata Filippo Applicat
	<u>Debra Rothmeyer</u>	State Filings Analyst Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

		(1)	(2) Annual Premium	(3) Percent
	2	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Private P	le Liability Passenger		
	Commer			
2.	Private F	le Physical Damage Passenger		
	Commer			
3.	Liability (Other Than Auto		
4.	Burglary a	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and	d Machinery		
9.	Fire			
10.	Extended	Coverage		
11.	Inland Ma	arine		
12.	Homeowr	ners		
13.	Commerc	ial Multi-Peril		
14.	Crop Hail			
15.	Other	Workers' Compensation	48,279,471	+0.1%
		Line of Insurance		
	filing only ap Cover Letter		(territories) or certain classes? If so, specify:	
Brief		of filing. (If filing follo	ws rates of an advisory organization, specify o	organization):

** Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS/IDFPR JAN 0 1 2005 West Bend Mutual Insurance Company SPHINGPRECO, WALWOIS

> Pam Allison, CPCU, AU Senior Staff Underwriter Official - Title

)		
	(2) Annual Premium	(3) Percent
overage	Volume (Illinois)*	Change (+or-)**
utomobile Liability Private Passenger Commercial		
itomobile Physical Damage Private Passenger Commercial		
ability Other than Auto		
rglary and Theft		
ass		
felity		
rety		
iler & Machinery		·
е		
lended Coverage		
and Marine		
meowners		···
mmercial Multi-Peril		
p Hail		
rkers' Compensation	23,732,000	3.2%
er		
es filing only apply to certain territory(ies) or certain applies to all WC.	n classes? If so, specify:	
	Private Passenger Commercial Itomobile Physical Damage Private Passenger Commercial Ibility Other than Auto Irglary and Theft Isss Idelity Irety Ider & Machinery Ider & Machinery Ider & Marine Index Marine Index Marine Index Marine Index Machinery Index Marine Index Machinery Index Marine Index Marin	Private Passenger Commercial Intomobile Physical Damage Private Passenger Commercial Inbility Other than Auto Inglary and Theft Inside the Machinery Insid

Westport Insurance Corporation	7
Name of Company	1
Linda Shoot, R&RS Specialist Official 1 Title	1
Official ^J Title	- 1
FEB 0 1 2005	
REPRINGEIELD, ILLINOIS	

^{*} Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ILLINOIS

RECEIVE	ILLINOIS	SUMMARY SHEET FORM RF-3	
utalange in obahbany:	s pre nium or rate level produ	ced by rate revision effective	/e1/1/2005
DIVISION OF INSURANCE SPRINGFIELD	E	(2)	(3)
Covera		Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
 Automobile Liabil Private Passenç Commercial 	-		
Automobile Physi Private Passeng Commercial	ner		
 Liability Other that Burglary and The 	DIVISION SILLINOIS	NCE	
5. Glass 6. Fidelity	JAN 0 1 2005	· · · · · · · · · · · · · · · · · · ·	
7. Surety	- 111	BION	
Boiler and Machin	BPRINGFIELD, LLL		
9. Fire			
10. Extended Coverage			
11. Inland Marine	-		
12. Homeowners			
13. Commercial Multi-	Peni		
14. Crop Hail			
15. Workers' Compen	sation	11,205,443	0.7%
16. Other Line of Insur	ance		
Does filing only apply	to certain territory (territories)	or certain classes? If so, s	specify No
Brief description of filir adopting the NCCI E premium charge	ng (if filing follows rates of an Domestic Terrorism, Eartho	advisory organization, spec juakes, and Catastrophic	cify organization) We are Industrial Accidents endor
 Adjusted to reflect Change in compar 	all prior rate changes. ny's premium level which will	result from application of ne	ew rates.
		<u>Z</u>	enith Insurance Company
st-it* Fax Note 7671	Date # of pages		Name of Company
Mark Sm. Mr	From	Bra	d Eastwood, Vice President
/Dept.	Co.		Official - Title
one#217-782-1791	Phone #		
* 217-782-5020	Fax#		